

LABORCHEX INC.

VOLUNTEER _ AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

Santa Rosa County Recreation Services. on behalf of

The Miracle League of Santa Rosa County

To: _____ Company Name: _____ Fax: _____

The following is a "Volunteer" seeking immediate employment and has Fully and Legally Authorized you to provide employment information. **Name:** _____ **Soc. Sec. #** _____

SRC RECREATION SERVICES/

I HEREBY authorize **The Miracle League of Santa Rosa County** or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application to "Volunteer" for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to the Human Resources Manager, [Client Name] I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to the Human Resources Manager, [_____], a copy of this Authorization will be provided to me. _____

Date: _____ Time: _____ **Volunteer _ Sign then Print Name**

VOLUNTEER IDENTIFICATION INFORMATION: Other Names I Have Been Known By or Worked Under (for example, birth name; names by marriage, divorce, or adoption; or other name changes, etc.):

_____ **(print name)**

_____ **(Complete Address)**

Race _____ Sex _____ **Date of Birth** _____ **Social Security Number:** _____

(Race, Sex, Date of Birth, Other Names and Social Security Number are used only for identification purposes to ensure accuracy of reports.)

*** FOR VOLUNTEERS UNDER THE AGE OF 18:

I GIVE MY CHILD PERMISSION TO VOLUNTEER.

Signature of Parent or Guardian (if under the age of 18)

LABORCHEX INC. 1929 Spillway Road, Suite D, Brandon, Mississippi 39048