

WASHOE COUNTY VOLUNTEER CONSENT AND DISCLOSURE

I. I understand that in connection with my application to serve as a volunteer for Washoe County a background check may be requested and will include only the following items;

- Criminal Record Search
- Social Security Number address History Trace
- Driver License Violation History (*Will be requested only if operating a vehicle while performing volunteer duties*)

I do not authorize an employment credit report, or any other type of credit document, to be obtained as part of this background check. As a security precaution, any background check report generated from this authorization will contain only truncated Social Security Numbers in the following formation (XXX-XX-1234). The background check will be requested from the following Background checking Agency: **MCSS Background Investigation Services, 6880 S McCarran Blvd, Suite 7, Reno, NV 89509.**

II. I understand that according to the Fair Credit Reporting Act, which regulates companies which prepare background checks, prior to taking an adverse action based, in whole or in part, on the information contained in the background check, a copy of the background check as well as a written summary of my rights under the Fair Credit Reporting Act will be provided to me.

III. The information requested will be used in compliance with the Fair Credit Reporting Act, the Federal Americans with Disabilities Act (ADA) and/or any other applicable federal or state laws. Furthermore; I understand that if I am denied a volunteer position because of information contained in whole, or in part, in my background check I have the right to be notified and given the name and address of the agency or source that provided the information.

IV. I hereby authorize, without any reservation, any law enforcement agency, government agency, court, information service company, or any other organization contacted by MCSS or its agents, to furnish the information described in Section I. I do not authorize a credit report for any purposes.

V. I understand that a FAX or photographic copy of this release shall be valid as the original.

VI. I hereby release the agents and employers and all other persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports.

VII. I have read and understand this Disclosure and Consent form. By my signature below, I consent to background check, as defined above, in conjunction with my application for a volunteer position.

VIII. I understand that my consent will apply as long as I am serving as a volunteer for Washoe County, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to Washoe County any time.

Signed

Date

Printed Name (First, Middle, Last)

Maiden or Other Names Used

Social Security Number

Birth Date

Driver License Number and State