

Metro Drug Coalition (MDC) Application for Volunteer Service

Site: The Gateway

NEATLY PRINT Name: Last First MI

Address: Street City/Town Zip Code

If this is a temporary address, please note your anticipated address below, or contact MDC when you move.

Anticipated Address: Street City/Town Zip Code

Telephone: (Home) (Mobile)

E-Mail Address Date of Birth / /

How did you hear about CCAR?

Skills Checklist: (Please check only those areas in which you are experienced)

- Administration Advocacy Art & Music
Computers Custodial Entertainment
Events/Recreational Leadership Marketing
Peer Support Public Relations Receptionist
Vocational Support

Please Check Day(s) available: Specify Mornings Afternoons or Evenings
Mon Tues Wed Thurs Fri Sat Sun

Do you agree to a background verification? Yes No

Race: (circle one)

- Caucasian
African American
Hispanic/Latino
Asian American
Native Amer/Alaska Native
Native Hawaiian/Pacific Islander
Other

Ethnicity (circle one)

- Puerto Rican
Cuban
Mexican
Other Hispanic
Other Non-Hispanic

Education (Circle one)

- Non-High School Graduate
High School Diploma/GED
Some College
Associate's Degree
Bachelor's Degree
Master's Degree

Household Income (Circle one)

- 0 - \$5,000
\$5,000 - \$10,000
\$10,000 - \$15,000
\$15,000 - \$20,000
\$20,000 - \$30,000
\$30,000 - \$50,000
over \$50,000

Employment Status (Circle one)

- Employed Full Time (35+ hrs/week)
Employed Part-Time (<35 hrs/week)
Unemployed (looking for work)
Unemployed (disabled)
Retired

Are you a veteran?

- (Circle one)
Yes
No

If this is Community Service, note the hours you need:

If you want to be an intern at MDC, please note your school:

Year of studies: Major(s):

Signature Date:

(Prospective Volunteer)

To be filled in by Volunteer Manager: Date of Volunteer Orientation: / /

# DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER OR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for volunteering (or employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline), **Metro Drug Coalition, Inc. (MDC)** (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for volunteering or employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **Metro Drug Coalition, Inc. (MDC)** to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Personal Data – PLEASE PRINT NEATLY

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two-year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date