

## Volunteer Agreement and Background Check Authorization

Venture Academy is grateful for the contributions made by parent and community volunteers, and welcomes their participation in a variety of activities at the school.

In order to facilitate volunteer efforts and help ensure the safety of Venture students, the school will perform a criminal records background check on parents and community volunteers (1) who wish to volunteer on a regular basis, (2) who in the course of their volunteer time may have unsupervised time with students, or (3) who may assist with overnight trips. Volunteers who fit into one of these categories must complete this form; a \$9 donation is appreciated.

Please complete the following and sign the release:

Name \_\_\_\_\_ Alias \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_  
*(a photocopy of license will be made by school staff)*

### Disclosure and Authroization Form

Venture Academy will procure a background, criminal, driving report and/or investigative report on you for volunteering purposes. Merchants Information Solutions, Inc. P.O. Box 2070 Phoenix, AZ 85001 Te. 800-966-0576 will prepare this report. **Venture Academy will only be checking criminal records, conviction history, court records , and driving records.**

Merchants Information Solutions provides the following information checks; criminal records check and conviction history, court records, educational and driving record history, social security number verification, verification of employment positions held, personal, professional, licensing and certification checks, drug testing results, workers compensation records, etc. The information in the report will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates. You may request more information respecting the nature and scope of any investigative consumer reports by contacting Venture Academy. A summary of your rights under the FCR Act will be provided to you upon request. For more information, including additional rights, go to: [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G. Street N.W., Washington, DC 20522.

**FCRA Notification:** You have the right to receive a copy of your report should one be requested for volunteering reasons:

I request a free copy of the report

#### Authorization

I have carefully read and understand the Disclosure and Authorization form. By my signature below, I consent to the release of reports and investigative reports prepared by Merchants Information Solutions, Inc. to Venture Academy. I understand that if Venture Academy uses me for volunteering, my consent will apply throughout my volunteer time as allowed by law. I understand that information contained in my volunteer application or otherwise disclosed by me before or during my volunteering, if any, may be used for the purpose of obtaining background, criminal, driving reports or investigative reports.

**By my signature below,** I also authorize the disclosure of information concerning my driving record history and standing, criminal records check and conviction history to Venture Academy by the following: motor vehicle records agencies; law enforcement agencies; federal, state and local courts; the military. I agree that a facsimile or photocopy of this form is valid just like the original form.

**Please fill out below:**

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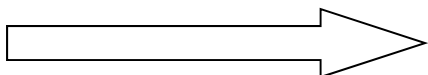
\_\_\_\_\_  
**Last Name**

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**Driving? Please fill out the 2<sup>nd</sup> page**

### Volunteer Vehicle Authorization Contd:

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**For Volunteer Drivers only**, please fill in the items below and sign.

I agree to:

- Respect and abide by the confidential nature of what I see or hear pertaining to students and/or staff as I carry out volunteer duties.
- Bring concerns or issues, if any, to the staff person supervising my volunteer activities.
- Direct discipline issues to an appropriate staff member.
- Be supportive of the school and its mission.
- Always sign in at the office and wear a volunteer tag provided by the office while in the building.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_ License Plate No: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_ Number of seat belts available (including driver) \_\_\_\_\_

Initial the Following:

\_\_\_\_\_ I agree to provide Venture Academy with a copy of the Proof of Insurance for the above-noted vehicle. [ \_\_\_\_office use]

\_\_\_\_\_ I agree to ensure that all children will be properly belted while driving in the vehicle; children under the age of 8 are to be belted in the back seat with a booster or car seat (which will be provided by the child's parent), children under the age of 12 should be belted in the back seat.

\_\_\_\_\_ I agree to support the school's Smoke Free Environment by not allowing anyone to smoke inside the vehicle while transporting as well as while on fieldwork.

NOTE: If you have been convicted of a felony such as a DUI or drug infraction within the last ten years or have ever been convicted of child or spouse abuse, or have a case pending in any of these areas, please do not volunteer to drive or chaperone.

As a potential driver, I understand that the school will use the information I have provided to conduct a background check.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_