



Disclosure and Authorization - Volunteers Only

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT.

Submitting Department: _____ (for County use only)

I understand that this document, signed by me, authorizes Columbia County (County), or its representative, to investigate my employment records, criminal records, juvenile records, and any other records necessary to determine qualifications for a volunteer position with the County. I further understand that this document, should I become a volunteer with the County, authorizes the County to investigate such records at any time.

Any recipient of a copy of this signed document is hereby authorized and indemnified to divulge information concerning my character, criminal history, education and employment records. I hereby release you, your organization and others from any and all liability or damage which may arise from furnishing the information requested as outlined herein. I understand and agree that any information released to the County is done so in strictest confidence and shall not be released to me even if I am not considered for a volunteer position.

I understand that as a condition for my consideration for a volunteer position with the County, the County may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security number verification, criminal and civil history, personal interviews, department of motor vehicle records, and other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent the County's procurement of such report. I understand that, pursuant to the Federal Fair Credit Reporting Act, the County will provide me a copy of any such consumer report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for volunteer assignments with the County. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report. I understand this applies only to a consumer report prepared by and received from an external reporting agency.

Use of date of birth is for identification purposes only. The County is an equal opportunity employer. Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, sexual orientation, age, national origin, handicap or veteran status.

Name of Authorizing Volunteer: _____
print legibly

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Driver's License #: _____ Issuing State: _____

Address: _____
Street Address

City State ZIP:

Signature of Authorizing Volunteer Date