



Dear Hospice Volunteer Applicant:

Thank you for your interest in volunteering with PeaceHealth Hospice. Volunteering can be a rewarding and fulfilling experience that will stay with you throughout your lifetime. We are seeking volunteers who will carry out our mission with cooperation, compassion, and enthusiasm. Your contribution as a volunteer will be significant in providing the quality care for which we strive.

Please keep in mind the following if you wish to be considered for the volunteer training program:

- **There is an interview and screening process prior to admittance into the class.** This process includes an application, interview, reference checks and criminal background checks and takes from a week to three weeks to complete. An Employee Health screening will be done after training before placement into your volunteer role.
- **Hospice is a highly regulated program.** Requirements for becoming a volunteer include the intensive hospice volunteer training, reading all training material, and committing to volunteer for at least one year following the training. Volunteers are considered non-paid staff; therefore, including the above requirements, monthly documentation and annual competency and confidentiality requirements are also required.
- **Acceptance into the program** is based on your experience and your availability as well as your listening, communication, and interpersonal skills. Your emotional maturity, dependability, flexibility, and non-judgmental approach will be highly valued. You must also agree to follow strict confidentiality (HIPAA) requirements in this position.
- **Be certain that you are ready** to make the minimum one-year commitment of one 4-hour shift per week to be a volunteer. Evaluate your current obligations to be sure this is a good time for you to commit. It is important that volunteers be dependable and treat their assignments seriously. If this is a good time for you to begin volunteering, please complete the attached volunteer application form, including non-family references and authorization for background checks, and return them to our office.

Volunteer placement is contingent upon skills, previous work & volunteer experience, and available openings. Volunteering is a wonderful way to expand your horizons, help people, and give back to our community. We look forward to meeting you.

Sincerely,

PEACEHEALTH HOSPICE VOLUNTEER SERVICES

Email: RSSW-HospiceVolunteerServices@peacehealth.org

VOLUNTEER APPLICATION

Please complete entire form with as much detail as possible. Use additional paper if necessary.

PERSONAL INFORMATION

Date: _____

Name:															
(Last)	(First)	(M.I.)	(Nickname)												
Street Address:															
City, State, Zip:															
Birthdate:		E-mail:													
Home Phone:	Cell Phone:	Work Phone:	Email:												
Emergency Contact Name	Phone	Relationship													
Are you a veteran?		If so, what branch?													
How did you learn about PeaceHealth Hospice Volunteer Services?															
Volunteer roles of interest to you: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Ray Hickey House Receptionist</td> <td><input type="checkbox"/> In-Home Respite Care</td> <td><input type="checkbox"/> Pet Peace of Mind</td> </tr> <tr> <td><input type="checkbox"/> Ray Hickey House Patient Care</td> <td><input type="checkbox"/> Facility Friendly Visits</td> <td><input type="checkbox"/> Pet Partners</td> </tr> <tr> <td><input type="checkbox"/> Stepping Stones Group Facilitator</td> <td><input type="checkbox"/> Quilting/Pillowcase Projects</td> <td><input type="checkbox"/> Office/Clerical</td> </tr> <tr> <td><input type="checkbox"/> Video Interviews and Editing</td> <td><input type="checkbox"/> Veteran-to-Veteran / WHV</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				<input type="checkbox"/> Ray Hickey House Receptionist	<input type="checkbox"/> In-Home Respite Care	<input type="checkbox"/> Pet Peace of Mind	<input type="checkbox"/> Ray Hickey House Patient Care	<input type="checkbox"/> Facility Friendly Visits	<input type="checkbox"/> Pet Partners	<input type="checkbox"/> Stepping Stones Group Facilitator	<input type="checkbox"/> Quilting/Pillowcase Projects	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Video Interviews and Editing	<input type="checkbox"/> Veteran-to-Veteran / WHV	<input type="checkbox"/> Other _____
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(Please note that certain volunteer specialty positions require proof of current Washington State licensing, CPR or other Certifications and/or specific insurance provided by the volunteer)															

Our trainings are a hybrid of in-person and online sessions, where we meet together for one session and you have 3 weeks to complete the online portion of the training before we meet together for the second in-person session. *Hospice Volunteer Training Program is up to 30 hours of hospice training, plus additional role-specific training as needed.*

- YES NO Are you able to come to both sessions and complete all of the online training at this time?
- YES NO Can you commit to volunteering at least 2 to 4 hours per week for a year following the training?

As a health care organization, PeaceHealth requires all employees, contractors and volunteers to be vaccinated against Covid-19 and to receive an annual flu vaccination.

- YES NO Are you willing to adhere to PeaceHealth’s vaccination policy?

Days and times available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

<p>Have you had a significant loss—death, divorce, or separation—in the last 12 months? Please explain.</p>		
<p>Have you ever spent time with someone who is declining from a terminally illness? Please describe what that experience was like for you.</p>		
<p>Have you ever been with someone while they were actively dying? Please describe what that experience was like for you.</p>		
<p>What special qualities--beliefs, skills, talents, knowledge, experience, foreign language, music, crafts--do you bring to the Hospice program?</p>		
<p>Education: Highest grade completed?</p>		<p>Degrees/Special Training?</p>
<p>Work and Volunteer History: What jobs have you held in the past and in what industries?</p>		
<p>Are you currently a student? Planning to return to school soon? Field of Study:</p>	<p>Are you currently employed? Full-Time_____ Part-Time _____ Occupation:</p>	<p>Are you Retired?</p>
<p>What languages do you speak?</p>		
<p>Do you have any medical issues, physical limitations, or allergies that could affect your ability to volunteer? Please explain:</p>		
<p>Do you have any strong political, religious, cultural, or racial views that we should be aware of? Please explain:</p>		
<p>Which areas of the county do you prefer to volunteer? Circle below.</p>		
Vancouver	East Clark County	North Clark County
Cowlitz County		
<p>How far from home are you willing to travel?</p>		
<p>Do you have reliable transportation?</p>	<p>Auto License?</p>	<p>Auto Insurance?</p>



PERMISSION FOR RELEASE OF INFORMATION—VOLUNTEER REFERENCE CHECK

YOU MUST PROVIDE 3 REFERENCES & COMPLETE MAILING ADDRESSES OR EMAILS FOR ALL

References will be contacted. No family. Only professionals or friends who can attest to your reliability.

Please write clearly.

1	Name:	Phone #:
	E-Mail address:	
2	Name:	Phone #:
	E-Mail address:	
3	Name:	Phone #:
	E-Mail address:	

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I understand that any information that is disclosed to me while assisting hospice is confidential. I interpret “volunteer” to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

Declaration: I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with hospice.

Printed Name: _____ Signature: _____ Date: _____

Electronic Signature OK

Return to: PEACEHEALTH HOSPICE VOLUNTEER SERVICES -

Clark County Office: 5400 MacArthur Blvd., Vancouver, WA 98668 360-696-5069

Cowlitz County Office: 1035 11th Avenue, Longview, WA 98632 360-636-8908

E-Mail: RSSW-HospiceVolunteerServices@peacehealth.org



**CONSUMER DISCLOSURE
AND AUTHORIZATION FORM**

To Be Completed By Applicant

Last Name		First		Middle	
Social Security No. (required)		Date of Birth		Driver's License	
Physical Address (P.O. Boxes not accepted)					
City/State/Zip					
Prior Addresses				From	To
Email Address				Phone	
Applicant's Signature				Date	

All this information is required to complete the background check.

This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

I DECLINE A COPY OF THE DISCLOSURE REGARDING BACKGROUND INFORMATION

I REQUEST A COPY OF THE DISCLOSURE REGARDING BACKGROUND INFORMATION
If checked, this 12-page document will be sent to you electronically.

Date Sent: _____ By: _____

Sent to: _____

This form must be completed to be considered for volunteer service, and bi-annually to continue volunteering.

When considering individuals for employment, both paid and volunteer, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, students, patients, the public and PeaceHealth property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW43.43.830 -.842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by law. **A conviction/criminal history record does not necessarily disqualify an individual for employment.** Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies; initial and/or continued employment may be subject to a satisfactory Criminal Conviction Report.

Print Applicant Name (Last)	(First)	(M.I)	Date of Birth (month/day/year)
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Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes against children or other persons, or crimes relating to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number (xxx-xx-xxxx)
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1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION

Have you ever been convicted of any of the crimes listed below?

Yes **No**

<input type="checkbox"/> Arson (1 st degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple (or 4 th Degree Assault) <input type="checkbox"/> Assault (1 st /2 nd /3 rd degree) <input type="checkbox"/> Assault of a child <input type="checkbox"/> Burglary (1 st Degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse of Neglect (RCW 26.44.020) <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> Child Molestation (1 st , 2 nd , 3 rd Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1 st /2 nd Degree)	<input type="checkbox"/> Custodial Interference (1 st /2 nd Degree) <input type="checkbox"/> Extortion (1 st /2 nd /3 rd *Degree) <input type="checkbox"/> Forgery <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure - Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1 st /2 nd Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1 st /2 nd Degree) <input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Murder, (1 st /2 nd Degree) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography	<input type="checkbox"/> Promoting Prostitution (1 st degree) <input type="checkbox"/> Prostitution <input type="checkbox"/> Robbery (1 st /2 nd Degree) <input type="checkbox"/> Rape (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Rape of a Child (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order
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2. DRUG -RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?

Yes **No**

3. RELATED PROCEEDINGS

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?

Yes **No**

4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?

Yes **No**

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?

Yes **No**

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?

Yes **No**

5. For all items checked yes in 1,2, 3 and 4 above, specify the conviction or actions date(s), sentence(s) or penalty(ies), imposed, prison release dates(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

6. GENERAL CONVICTION INFORMATION:

Aside from those crimes listed above, within the past 10 years have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets/traffic citations?

Yes **No** If, **Yes**, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment if you do not complete and sign this form.

I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize PeaceHealth to make inquiries regarding my education, work experience, references, unless otherwise stated, any criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law-enforcement related agencies.

Signature _____ **Date** _____

**A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051



CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Start date this address: _____ Email address _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____ State _____

Applicant Signature _____ Date _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

Disclosure Regarding Background Investigation

PeaceHealth Southwest Medical Center (the "Company") may request, for lawful employment or volunteer purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or

company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are an applicant, employee or contractor in **WASHINGTON STATE**, please also note the following:

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, which is also set out below.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

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You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

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You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

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You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore. **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:**

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 192	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA

(WASHINGTON APPLICANTS ONLY)
A Summary of Your Rights
Under Washington's Fair Credit Reporting Act

Under the Washington state Fair Credit Reporting Act (WFCRA or the "Act"), an employer, before taking adverse employment action, is required to provide the applicant or employee with a summary of their rights under the Act with respect to consumer reports or investigative consumer reports obtained for employment purposes from a consumer reporting agency (CRA). This Summary is intended to serve that purpose.

You can find the complete text of the WFCRA, Wash. Rev. Code §§19.182.005—19.182.902, at the Washington State Legislature's web site (<http://www.leg.wa.gov>). You may have additional rights under the federal Fair Credit Reporting Act, 15 U.S.C. 1681-1681u, which is available on the Internet at the Federal Trade Commission's website (<http://www.ftc.gov>).

- You must consent to the procurement for employment purposes of a report about you.** Before an employer can obtain a report about you from a CRA, the employer must provide you with notice that it will request the report and obtain your consent to that request. A CRA may not give out information about you to your employer, or prospective employer, without your written consent.
- You must be told if information in your file has been used against you for employment purposes.** An employer who uses information from a consumer or investigative consumer report to take action against you – such as denying an application for employment or terminating employment – must tell you that its decision is based in whole or in part on the report and give you the name, address and phone number of the CRA that provided the report. The employer also must provide you with a description of your rights under the WFCRA and a reasonable opportunity to dispute with the CRA any information on which the employer relied.
- You can find out what is in your file.** At your request, a CRA must give you the information in your file (except that medical information may be withheld), and a list of everyone who has recently requested your file. These disclosures may be made in person, over the telephone or by any other reasonable method available to the CRA. At your request, any medical information contained in your file will be disclosed to the healthcare provider of your choice.
- You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the disputed items, free of charge, within 30 business days, unless the CRA determines that the dispute is frivolous or irrelevant. The CRA must give you a written report of the investigation. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files within 30 business days after you dispute it. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the business name and address.
- You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data violates the WFCRA, you may sue them in state court.