



Cover Sheet for Background Check Request - Volunteer

Date: _____

To: Student Venture Leadership Development
FAX: 866-855-4244 (toll-free)

From: _____

Applicant's Name: _____

Applicant's Phone Number: _____

Applicant's E-mail Address: _____

Applicant Type: Volunteer Affiliate Associate

Student Venture City/Team: _____

Purpose of Background Check: Full Background Check (Background and DMV)
 Conference Only Conference: _____
 Project Only Project: _____
 DMV Not Needed-Individual Not Driving

Start Date of Volunteer Service/Conference/Project: _____

To be completed by Student Venture Staff Member/Employee Only

Name of SV Staff Member Completing This: _____

SV Ministry Chartfield/Account to Charge: _____

Submit Results to: (Staff Member Name) _____

E-mail Address: _____

Phone Number: _____

Student Venture Leadership Development
100 Lake Hart Dr., 3200
Orlando, FL 32832

FAX: 866-855-4244 (toll-free)
Phone: 407-826-2172 or 407-451-0503
sv.applications@studentventure.com

NOTE: Applicant/volunteer must read, complete and sign the appropriate pages. **Individual must sign with a handwritten signature on pages 1, 2, and 6.** All pages must be submitted to the Student Venture coordinator (contact info noted above).



BACKGROUND CHECK FORMS FOR VOLUNTEER

Instructions to Volunteer - **Sign and return pages 1, 2, 5 & 6**; retain pages 3 & 4

**CAMPUS CRUSADE FOR CHRIST, INC. (the "Company")
GENERAL NOTICE OF COMPANY'S INTENT TO OBTAIN
REPORT UNDER THE FAIR CREDIT REPORTING ACT (FCRA)
AND PROSPECTIVE VOLUNTEER'S OR VOLUNTEER'S AUTHORIZATION TO OBTAIN
CONSUMER REPORT UNDER FCRA**

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

You are hereby notified that the Company may request a consumer report from a consumer reporting agency on you, which report may include, but is not limited to, a criminal check, a credit check, a Department of Motor Vehicle report, drug testing, licensing, educational, use of social networking and media, federal and/or state sexual offender and predator registries, and other background information for a permissible purpose under the FCRA (15 U.S.C. §1681b). If you are given the opportunity to volunteer with the Company, then after that offer is made, the Company may also obtain a report containing medical information about you from a consumer reporting agency to be used for a permissible purpose under the FCRA (15 U.S.C. §1681b). These reports can be done at any time prior to (except for medical which is post-offer) or during your volunteering with the Company.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

Please Read Carefully

I authorize the Company to conduct a background check which may include a criminal check, a credit check and a Department of Motor Vehicle Report, drug testing, licensing, educational, use of social networking and media, federal and/or state sexual offender and predator registries, and other background information, contained in a consumer report, which I authorize the Company to obtain from a consumer reporting agency (including an insurance company running a MVR report) at any time prior to or during my volunteering with the Company as a permissible purpose under the FCRA (15 U.S.C. §1681b). If I am given the opportunity to volunteer with the Company, then after that offer is made, I hereby authorize the Company to also obtain a report containing medical information about me from a consumer reporting agency to be used for a permissible purpose under the FCRA (15 U.S.C. §1681b). I recognize that these reports can be done at any time prior to (except for medical, which is post-offer) or during my volunteering with the Company when there is a business need (e.g., consideration for retention). I authorize all corporations, former employers, former business associates, credit agencies, educational institutions, law enforcement agencies, military services, governmental entities, and any other person with information to release any information (except for medical, which is post-offer) they may have about me to the Company and I release them from any legal liability in providing any information. A copy of this authorization will serve as a valid document.

Date

Signature of Applicant/Volunteer

Print Name (first, middle, last)

CAMPUS CRUSADE FOR CHRIST, INC. (the "Company")
GENERAL NOTICE OF INTENT TO OBTAIN
INVESTIGATIVE CONSUMER REPORT UNDER THE FAIR CREDIT REPORTING ACT (FCRA)
AND PROSPECTIVE VOLUNTEER'S OR VOLUNTEER'S AUTHORIZATION TO OBTAIN
INVESTIGATIVE CONSUMER REPORT UNDER FCRA

DISCLOSURE OF INTENT TO OBTAIN INVESTIGATIVE CONSUMER REPORTS

You are hereby notified that, if you are given the opportunity to volunteer with the Company, the Company may request an investigative consumer report on you for a permissible purpose under the FCRA (15 U.S.C. §1681b), either prior to or during your volunteering with the Company (without further notice), including information as to your character, general reputation, personal characteristics and mode of living, from a consumer reporting agency. Attached to this Notice is a summary of your rights under the FCRA.

AUTHORIZATION TO OBTAIN INVESTIGATIVE CONSUMER REPORTS
PLEASE READ CAREFULLY

I authorize the Company to conduct an investigative consumer report (e.g. reference checks) on me for a permissible purpose under the FCRA (15 U.S.C. §1681b), either prior to or during my volunteering with the Company, including information as to my character, general reputation, personal characteristics and mode of living, from a consumer reporting agency. I recognize that, if required under the Fair and Accurate Credit Transactions Act, this report will also cover all workplace investigations that occur based on my conduct during my volunteering with the Company. This report may cover my use of social networking and media sites. I authorize all corporations, former employers, former business associates, credit agencies, educational institutions, law enforcement agencies, military services, references and any other person with information to release any information (except for medical, which is post-offer) they may have about me to the Company and I release them from any legal liability in providing any information. A copy of this authorization will serve as a valid document.

Date

Signature of Applicant/Volunteer

Print Name (first, middle, last)

Attachment: Summary of FCRA Rights

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). 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.) Most CRA's are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681 - 1681u, including information about additional rights at the Federal Trade Commission's website (<http://www.ftc.gov>) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave., N.W., Washington, D.C. 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 take action against you -- such as denying an application for credit, insurance, or employment -- must give you the name, address, and phone number of the CRA that provided the report.

You can find out 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: (1) a person has taken adverse action against you because of information in your credit report, (2) you are the victim of identity theft and place a fraud alert in your file, (3) your file contains accurate information as a result of fraud, (4) you are on public assistance, or (5) 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 can 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 can dispute incomplete or inaccurate information with the CRA. If you tell a CRA that your file contains incomplete or inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. 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, incomplete, or unverifiable information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. 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 name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, they may not continue to report it if it is in fact an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; 1 ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to those who have a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. Written consent is generally not required in the trucking industry. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the list indefinitely. You may opt-out with the nationwide credit bureaus at 1-1-888-567-8688.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violated the FCRA, you may sue them 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. The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, 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 the institution's name)	Office of the Comptrollers 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 703-518-6360
State chartered banks that are not members of the Federal Reserve Board	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 34108-6238 1-877-572-3342
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

Background Screening Information Form

Volunteer/Potential Volunteer: Complete all relevant information and sign and date the form.

Volunteer Position Applying for: _____ Ministry: _____

Full Name (Printed): _____

Maiden Name or Other Names Used: _____

Social Security Number: _____ Date of Birth*: ____/____/____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Campus Crusade for Christ International abides by all applicable state and federal employment laws.

ADDRESSES (for the past 10 years)

Present Address _____

City _____ County _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____

How Long at Former Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18: _____

Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY

MOTOR VEHICLE RECORDS

Driver's License Number: _____ State of License: _____

Information within the box is optional unless information is requested
PROFESSIONAL LICENSE or CERTIFICATION VERIFICATION

Type of License /Certification: _____

License / Certificate Number: _____

State: _____ Date of Licensure / Certification: _____

EDUCATION VERIFICATION

List each college, university, or other institute of higher education that you have attended. Do not include high school or GED information.

Name of Institution: _____

Address: _____

City: _____ State: _____ Phone: _____

Years Attended: _____ Degree Awarded: _____ Major: _____

Name of Institution: _____

Address: _____

City: _____ State: _____ Phone: _____

Years Attended: _____ Degree Awarded: _____ Major: _____

EMPLOYMENT VERIFICATION

Current Employer: _____ May we contact? _____

Name of Supervisor or HR Contact: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ Dates of Employment: _____

Previous Employer: _____

Name of Supervisor or HR Contact: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ Dates of Employment: _____

The name above is my true and complete legal name and all information provided above is true and correct to the best of my knowledge:

Signature of Applicant/Volunteer

Date

Are you applying for employment in California, Minnesota or Oklahoma? Yes No

If so, do you want a copy of any Consumer Report prepared concerning you? Yes No

California residents: California law requires CCCI to give you a copy of any report requested within three (3) days of the date the information is received by CCCI.

