

Calvary Chapel of Melbourne 2955
Minton Road
W. Melbourne, FL 32904

Disclosure and Release of Information Authorization
Consumer Report/Investigative Consumer Report
Important: Please read carefully

As an applicant for a volunteer opportunity, I am aware that I am a consumer with rights under the Fair Credit Reporting Act. When evaluating me for volunteerism, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during my volunteer period. **Credit reports will not be run on volunteer positions.**

I authorize Calvary Chapel of Melbourne and a consumer reporting agency to obtain information relating to my past activities from all personnel, government agencies, companies, corporations, or law enforcement agencies at the federal, state or county level, to supply any and all information concerning my background. The information obtained is limited to personal references, verification of social security number, driving history, and criminal history records.

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required.

I understand that a photocopy of this authorization can be accepted with the same authority as the original. I also understand that by requesting this information, no promise of volunteer opportunities is being made; and that if by rendering my services as a volunteer through Calvary Chapel of Melbourne or any of its satellite centers, this authorization will remain in effect throughout the time I serve as a volunteer.

SIGNITURE BELOW INDICATES I HAVE READ AND ACKNOWLEDGED THE ABOVE, AND AUTHORIZE THE INDICATED INVESTIGATION. IN ADDITION, I AUTHORIZE CALVARY CHAPEL ACADEMY TO BILL MY ACCOUNT THE NON-REFUNDABLE \$10 BACKGROUND CHECK FEE.

Signature Date

NOTE: I am providing the following information voluntarily as required by my child attending CCA.

NAME:

First Middle (Full) Last Maiden

S. S. # _____ - _____ - _____ D.O.B. ____/____/____ SEX: (F) _____ (M) _____

Student name(s) _____

Grade(s) _____

CURRENT ADDRESS _____

CITY, STATE AND ZIP _____

HOME PHONE: _____ **CELL PHONE:** _____

All Information relating to this form is considered highly confidential and will be treated as such.