INDIANA MATH AND SCIENCE ACADEMY

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NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with **Indiana Math and Science Academy – West Indianapolis**.

I understand that, if I am approved for volunteer service by **Indiana Math and Science Academy – West Indianapolis**, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of **Indiana Math and Science Academy – West Indianapolis**, such may be necessary.

I hereby release and discharge to the extent permitted by law, **Indiana Math and Science Academy – West Indianapolis**, its employees, any individual or agency obtaining information for **Indiana Math and Science Academy – West Indianapolis**, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of **Indiana Math and Science Academy – West Indianapolis.**

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of rights under the Fair Credit Reporting Act located at http://www.safehiringsolutions.com/pdfs/FCRAsummary.pdf.

AUTHORIZATION

_____ _____-_____-_____ _____

Print Name (last, first, middle) Social Security Number Date of Birth (MM/DD/YYYY)

Any other names I have been known by: _____

Phone Number: _____Current Address: _____

Race: American/IndianAsian/Pacific Islander Black Multi Racial White

Sex: Male Female

_____ _____

Signature Date