



VOLUNTEER PARTICIPANT APPLICATION



CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

PERSONAL

NAME: LAST FIRST MIDDLE

ADDRESS: NUMBER STREET APT#

CITY: STATE: ZIP CODE:

PREFERRED CONTACT PHONE:() HOME PHONE:()

DATE OF BIRTH: SSN:

LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18:

VOLUNTEER APPLICANT'S AGREEMENT AND CERTIFICATION

I hereby certify that the information provided in this consent form is true, correct and complete in all respects. I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of volunteer participation. I authorize the use of any information in this application to verify my statements, and I authorize all references and any other persons to answer all questions asked concerning my ability, character and reputation. I release all such persons from any liability or damages on account of having furnished such information.

I do hereby consent to have the City of Galveston to conduct a Criminal history/background check. The City of Galveston has informed that I have the right to review any negative information that would adversely impact a decision to offer volunteer participation. In addition, I have been informed that under the FCRA, upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

Any information resulting from the investigation shall be considered sufficient cause for denial of volunteer participation at the City of Galveston's sole discretion.

Signature of Applicant

Date

Human Resources Department
823 Rosenberg, 1st Floor
Galveston, TX 77550
(409) 797-3650/ (409) 797-3651 fax