

REQUEST, AUTHORIZATION, CONSENT AND RELEASE
for
BACKGROUND SCREENING FOR CHILDREN'S CANCER CONNECTION VOLUNTEERS
(PLEASE TYPE OR PRINT)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (Jr., Sr. II, etc.)
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I understand that in conjunction with my application to volunteer, Children's Cancer Connection will use the services of an outside agency to research and verify the information that I have provided on my application including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to Children's Cancer Connection. Children's Cancer Connection uses VeriFirst Background Screening, LLC, a consumer-reporting agency, as an agent to perform background verifications, and provide Consumer Reports and Investigative Consumer Reports.

VeriFirst Background Screening, LLC, will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Worker Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former Children's Cancer Connections, military records, education records, professional and personal references. I request, authorize, and consent to the release and disclosure of any and all information including but not limited to the above to Children's Cancer Connection and VeriFirst Background Screening, LLC, I further request, authorize, and consent to the procurement of a Consumer Report by Children's Cancer Connection and VeriFirst Background Screening, LLC, as part of the Children's Cancer Connection's volunteer background and investigation procedure.

I request, authorize, and consent to the procurement of an Investigative Consumer Report by Children's Cancer Connection and VeriFirst Background Screening, LLC, as part of the Children's Cancer Connection's hiring background and investigation. I understand that the Investigative Consumer Report may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. In accordance with the Fair Credit Reporting Act, 15 U.S.C. §§ 1681-1681u, Children's Cancer Connection will notify me prior to and after taking adverse action against me such as denying employment, because of information obtained from a Consumer Report and/or Investigative Consumer Report. I understand that if I request from VeriFirst Background Screening, LLC, within 60 days, upon notification by my Children's Cancer Connection that an adverse action has been taken by my Children's Cancer Connection, I will be given a full and accurate disclosure as to the nature and scope of all information provided to Children's Cancer Connection, including the substance of all information in its files on me at the time of my questions, sources of information, and the recipients of any reports on me which VeriFirst Background Screening, LLC, has previously furnished within the last two years preceding my request. I further understand that when requesting a copy of the Investigative Consumer Report and/or the Consumer Report, proper identification will be required and I should direct my request to VeriFirst Background Screening, LLC, 301 Lacey Street, West Chester, PA 19382, (Phone: 800-891-6024).

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby release Children's Cancer Connection and its employees, and/or agents and/or representatives, VeriFirst Background Screening, LLC, and its employees, and/or agents and/or representatives and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or the release of any of the above mentioned information or reports.

Date	Signature of Applicant
____ - ____ - ____ Social Security Number	____/____/____ Date of Birth
_____ Driver's License No.	_____ State