

VOLUNTEER RELEASE FORM

As part of the process of determining your eligibility for, volunteering or internship and, in the event you volunteer your continued volunteering or internship with the Diocese of Bridgeport may conduct an investigation of your background by obtaining a consumer report or investigative consumer report relating to you from a consumer reporting agency of its choice. The report may contain information bearing on your criminal history and/or motor vehicle history.

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. I acknowledge receipt of a copy of my rights under the Fair Credit Reporting Act. If the Diocese of Bridgeport intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act. I hereby release all contributing parties or sources from whom any information is lawfully obtained, from any and all claims or liability which is in any way related to this or any background investigation and preparation of any consumer report or investigative consumer report.

I hereby authorize the Diocese of Bridgeport to make an independent investigation of my background by obtaining a consumer report relating to me from *Mind Your Business, Inc.* ("*MYB*") I understand and agree that the information contained in any consumer report will be used to determine eligibility for volunteering and, if I asked to volunteer, my eligibility for continued volunteering, and that action may be taken by the Diocese of Bridgeport based on this information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Diocese of Bridgeport by and through **MYB**, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, **including alcohol and controlled substance information from previous employers.** To assist the Diocese of Bridgeport in obtaining a consumer report, the following information is provided:

MA, MN, OK, NY, ME	, WA, NJ, and CA a _l	oplicants only: If you wa	ant a free copy of the	report(s) or	dered, checl	≀ this box□.
Full Name (Printed)						
First		Middle	Last	Maiden/Other		
Signature			Date			
Complete Residence Add	Iress					
	Street Number/	РО Вох	Street Name			
City		State	Zip Code		County	
Date of Birth*(*You may elect to call M	YB directly at (888) 7	Social Security No. 58-3776 with this informa	umber tion)		(optional f	or volunteers)
Driver's License Number			State Issued			
Daytime Telephone Number			Email			
Please list all additiona	l residences that yo	u have resided in durino	g the past 7 years:			
Street Number/ PO Box	Street Name		City	State	Zip	County
Street Number/ PO Box	Street Name		City	State	Zip	County
Street Number/ DO Boy	Street Name		City	State	Zin	County

^{*}This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.