

# Southeast Florida Chrysalis

Candidate and Team Application Form – Page 2b

Background Check Authorization

To be completed if you are over 18 years old



**Rev. Margaret Smart,  
Community Spiritual Director  
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## DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application to serve in a voluntary capacity on a Chrysalis event, we may obtain a "consumer report" and/or an "investigative consumer report" on you from TRAK-1 TECHNOLOGY, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is any communication of information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: criminal records, civil cases in which you may have been involved, professional licensure records, eviction records, drug testing, government records, previous employment history, social security traces, military records and others. You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness record and medical information may be obtained. You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in the Southeast Florida Chrysalis background check file. You are further notified that, prior to being denied the ability to serve in a volunteer basis for a Chrysalis event based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to TRAK-1 TECHNOLOGY should be forwarded to Trak-1 Technology; Consumer Disputes; P.O. Box 52028; Tulsa, Oklahoma, 74152.

**THE FAIR CREDIT REPORTING ACT GIVES YOU SPECIFIC RIGHTS IN DEALING WITH CONSUMER REPORTING AGENCIES. YOU CAN READ THE ENTIRE DOCUMENT AT: <http://www.ftc.gov/os/statutes/031224fcra.pdf>**

## AUTHORIZATION

By signing below, you hereby authorize, without reservation, TRAK-1 TECHNOLOGY or any third party contracted by this organization to furnish the above-mentioned and requested information. You further authorize ongoing procurement of the above-mentioned information, reports and records at any time during your involvement in Chrysalis events. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, financial institution, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Southeast Florida Chrysalis with any and all background information in their possession regarding you, so that your qualifications as a Chrysalis volunteer may be evaluated and/or reassessed. **If negative information is discovered and a more in depth report is required, you further agree to pay for said in depth report which could cost from \$60-\$100.**

## ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify: (1) that you have read and fully understand this disclosure and authorization; (2) that all of the information you are providing is true, complete, correct and accurate; and (3) that you acknowledge that you have been given information where the full text of the Fair Credit Reporting Act (15 U.S.C. – 1681 et seq.) can be obtained on the internet. The following is information required in order for Southeast Florida Chrysalis to obtain a complete consumer report.

PRINT FULL LEGAL NAME (First Name, Full Middle Name, Last Name)		DATE OF BIRTH	
STREET ADDRESS		PHONE NUMBER	
CITY:	STATE:	ZIP:	
SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	ISSUING STATE:	
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, etc.)			
VOLUNTEER'S SIGNATURE			DATE: