

Disclosure & Agreement

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

Disclosure Regarding Background Investigation

Make-A-Wish Foundation (“Company”) may obtain information about you from a third party consumer reporting agency in connection with your volunteer/employment application. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report”. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), or credit history. Credit history will only be requested if such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your volunteer position/employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine Applicants Only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified below directly.

Acknowledgment and Authorization

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my volunteer employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004**, another outside organization acting on behalf of the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or Employees Only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma Applicants or Employees Only: If you would like to receive a copy of a consumer report at no charge if one is obtained by the Company, you have a right to receive such a copy under state law.

California Applicants or Employees Only: By signing below, you also acknowledge receipt of the notice regarding background investigations pursuant to California law. If you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company, you have a right to receive such a copy under California law.

Last Name _____ First _____ Middle _____

Signature _____ Date _____

Consumer Information

The following information is for identification purposes only. Please print clearly in black ink.

Last Name _____ First _____ Middle _____

List all other names used in the last 7 years _____

Date of Birth _____ Social Security Number _____

Current Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Address History – Please list the address, city, state and zip code where you have lived in the past 7 years with approximate dates.

Address	City	State	Zip	Dates