



Office of Human Resources and Equal Opportunity

- NEW
- CHANGE
- TERMINATION OF VOLUNTEER

**VOLUNTEER DATA**

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*Department to complete this section*

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

VOLUNTEER DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ACCOUNT # TO CHARGE BACKGROUND CHECK: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DESCRIPTION OF VOLUNTEER SERVICES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUPERVISOR/DEPT. CONTACT NAME: \_\_\_\_\_

SUPERVISOR/DEPT. CONTACT DATATEL ID #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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*Volunteer to complete this section*

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_



## VOLUNTEER WAIVER OF LIABILITY

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN THAT YOU UNDERSTAND IT BEFORE SIGNING**

I desire to work as a volunteer for Coastal Carolina University. I am fully aware that the University's insurance carrier does not cover me for any injury to my person or damage to my property that might occur while I am doing volunteer work for the University. I am also aware that my volunteer activities do not create any type of employment relationship between me and the University as a permanent, part-time or temporary employee and, further, I acknowledge that I am not entitled to any of the benefits or prerequisites of University employees, including but not limited to, workers' compensation.

Being fully aware of this information and of the risks and dangers that may be associated with the volunteer work, I agree to assume all of the risks and responsibilities of these activities, including any travel. I do release, waive, forever discharge and covenant not to sue Coastal Carolina University, its governing board, officers, agents and employees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I or my property may suffer from my participation in this activity as a volunteer.

This document shall bind the members of my family, my estate, heirs, administrators, personal representatives or assigns and anyone else who might have a derivative cause of action from any injury to me or my property.

I am at least eighteen (18) years of age and fully competent to sign this document.

_____	_____
Signature	Typed or Printed Name
_____	_____
Witness	Date

If the volunteer is not at least eighteen (18) years of age, the signature of a parent or guardian is required.

_____	_____
Signature of Parent or Guardian	Date
_____	_____
Witness	Date



## **VOLUNTEER ACKNOWLEDGEMENT**

As a volunteer, I understand that I may be entrusted with information of a confidential nature and should not reveal such information to others without proper authorization. The unauthorized release of confidential information from files, optical disc imaging system, electronic data, computer usage, network, the internet, conversations, personal observations, or knowledge is not permissible.

I acknowledge that I am expected to abide by University policies and procedures and external regulations that govern my actions as a volunteer, including but not limited to those relating to ethical behavior, safety, computer usage, FERPA, protected health information, computer use, financial responsibility and drug use.

Failure to comply with the aforementioned may result in removal of my volunteer status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**VOLUNTEER BACKGROUND INFORMATION RELEASE**

**AUTHORITY AND CONSENT TO RELEASE/OBTAIN BACKGROUND INFORMATION**

The information received by the Office of Human Resources and Equal Opportunity as a result of signing this Release may be used to assist in a background investigation of you and may be used to evaluate your suitability for volunteer services at Coastal Carolina University.

I hereby authorize the release to Coastal Carolina University of information held by any parties regarding my criminal history record, and/or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, driving record, and scholastic/educational records (teaching only) and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from damage whatsoever for reusing this information.

I hereby acknowledge that Coastal Carolina University cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Coastal Carolina University and its agents from any and all liability arising out of any errors or omissions regarding my background information. Any information obtained by Coastal Carolina University independently or through a Consumer Reporting Agency shall remain confidential and no further disclosure to other parties shall result. The information obtained as a result of the investigation shall be used exclusively for the purpose of performing volunteer services.

I hereby acknowledge and authorize Coastal Carolina University to obtain information from sources other than specific references listed. I also acknowledge that any information received may be considered during the volunteer selection process. I also acknowledge that if I am engaged to serve as a volunteer, I consent to periodic review of my background information.

Any misrepresentation, falsification or misleading statements or omissions of facts by me may result in my being disqualified from further consideration or continuation of volunteer services at Coastal Carolina University.

***Volunteer Information (Must be fully completed and signed)***

First Name	Middle Name	Last Name	Social Security Number
Maiden Name or other Surnames used or known by		____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
		*Date of Birth (Month /Day / Year)	
Street Address	City	State	Zip
Driver's License Number / State	Are you an OLLI Program Volunteer? ** <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a criminal offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe _____			

\_\_\_\_\_  
Signature of Prospective Volunteer

\_\_\_\_\_  
Date

\*Age is used for identification purposes ONLY and is not a criterion in any decision.  
 \*\*OLLI Program Volunteers are subject to a sex offender registry check prior to engagement. Coastal Carolina University reserves the right to conduct other background checks based on University need.



## Summary of Consumer Rights Under the Fair Credit Reporting Act

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

The federal **Fair Credit Reporting Act (FCRA)** promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to: [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment—or to take another adverse action against you—must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened offers” for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).



## Summary of Consumer Rights Under the Fair Credit Reporting Act

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW, Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center—FCRA, Washington, DC 20580 (877) 382- 4357
2. To the extent not included in item 1 above:  a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, MN 55480  c. FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106  d. National Credit Union Administration, Office of Consumer Protection (OCP), Division of Consumer Compliance and Outreach (DCCO), 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection Division, Department of Transportation, 1200 New Jersey Avenue, S.E., Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation, 395 E. Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration, 409 Third Street, SW, 8th Floor, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission, 100 F St., N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration, 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580, (877) 382-4357