Brazoria County Dream Center Volunteer Information



Step 1

Print off volunteer application (see below)

Step 2

Fill out and return to Terri Willis at BCDC 792 S. Hwy 288-B Clute, Texas 77531

Step 3

Coordinate with Terri about current volunteer opportunities

For more info contact:

Terri Willis (<u>terri@bcdreamcenter.org</u>) – 979.388.0280

Brazoria County Dream Center Volunteer Application

Name:			F / M
First	Middle Initial	Last	
<u>Marital Status</u> : Married	Single Divorced Widowed	DOB:	
<u>Ethnicity</u> : Caucasian I	Hispanic African American A	Asian Other	
Work Status: Employed	Retired Student Stay at ho	ome parent Unemployed	
Address:	Apt #	City:	Zip:
Home / Cell Phone:	I	Email:	
I give the BCDC st	aff to send correspon	dence through the fo	ollowing methods:
☐ Weekly Volunteer Upda	ate E-Mail □ Monthly E-Newsl	etter Monthly Newsletter v	<i>i</i> ia Mail
	Volunteer State	ement	
programs and even the BCDC, (with or sponsible for them for the BCDC. I und	winor child(ren)	Center. I understand if I bring on present) at the BCDC, I as the bring on sible for any incidents while of or older can volunteer at the B	neir parent/guardian am re- r resulting from volunteering CDC without a parent or
for any personal po	CDC has no coverage for automossessions in case of an incident hile or resulting from volunteerin	while volunteering, and no worl	
	ereby consent that my name, chilo nay be used in whatever way Bra eo photography.		
Volunteer Signature		Dat	e
BCDC Representative Sign	nature	Dat	re

SCHEDULE F

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A

CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize the **Brazoria County Dream Center** by and through its independent contractor, **Verified Volunteer**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and or investigative consumer reports during my period of employment with the **Brazoria County Dream Center** for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics discerned through employment and education verifications; personal references; personal interviews; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the **Brazoria County Dream Center** by and through **VERIFIED VOLUNTEER**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to VERIFIED VOLUNTEER, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary, of my rights under 15 U.S.C. § 1681et.seq.

Signature:	:Date:				
IDENTIFYING	G INFORMATION FOR CO	ONSUMER REPO	ORTING AGENCY	7	
Printed Name:_					
First Other Names Used and Years used: (alias, ma		Midd	dle		Last
Other Names Osc	ed and Tears used. (anas, mai	iden, mekname)			
Name:	Year used:	Name:	Ye	Year used:	
Name:	Year used:	Name:	Ye	Year used:	
Address:					
	Street/P.O. Box	City	State	Zip	County
Dates that you ha	we lived at the above address	:	Former		
Address:					
	Street/P.O. Box	City	State	Zip	County
Dates that you ha	we lived at the above address	:			
Social Security I	Number:		Telephone Number:		
Driver's License	e Number:	State of I	ssuance:		
Direct 5 Electise					
Date of Birth:		Gend	er: MALE FEMA	ALE	
Ethnicity: Cau	casian Hispanic African An	nerican Asian Oth	er		