

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 (terri@bcdreamcenter.org) – 979.388.0280

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 INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____
First Middle Last

Other Names Used and Years used: (alias, maiden, nickname)

Name: _____ Year used: _____ Name: _____ Year used: _____

Name: _____ Year used: _____ Name: _____ Year used: _____ **Current**

Address: _____
Street/P.O. Box City State Zip County

Dates that you have lived at the above address: _____ **Former**

Address: _____
Street/P.O. Box City State Zip County

Dates that you have lived at the above address: _____

Social Security Number: _____ - _____ - _____ **Telephone Number:** _____

Driver's License Number: _____ **State of Issuance:** _____

Date of Birth: _____ - _____ - _____ **Gender:** MALE FEMALE

Ethnicity: Caucasian Hispanic African American Asian Other