



Partners for a better workplace

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

VOLUNTEER'S SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED: _____

VOLUNTEER AUTHORIZATION

I hereby authorize Capital Associated Industries Services Corporation ("CAI") to prepare a consumer report that may include my past and present driving records. I further authorize CAI to perform a criminal records search.

I understand that CAI does not guarantee the accuracy or timeliness of the information obtained from other sources and that CAI will not be liable for any inaccuracy in the information obtained from other sources that are included in the consumer report.

Further, I authorize other organizations to provide such information to CAI and I hereby release and hold harmless CAI as well as other organizations that have provided information in connection with my consumer report.

CONSUMER DISCLOSURE

I understand that a consumer report may be obtained from Capital Associated Industries Services Corporation for screening purposes.

_____/_____/_____
VOLUNTEER'S SIGNATURE **DATE**

California, Minnesota & Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

Company Name: _____ **Requester** _____

Volunteer Screener

Volunteer Plus

