

Background Check Request – PNA Volunteers



To be completed by authorized PNA staff/program leads only:

PNA Program	Village	Budget #670043
Process via (circle one):	Intelifi	WATCH
Preschool Program		Budget #
Child's Name/Class		
Process via (circle one):	Intelifi	WATCH

Authorization for Release of Personal Information to the Phinney Neighborhood Association

With my signature below, I authorize the Phinney Neighborhood Association (PNA) to process a criminal background check(s) using my personal data below through its national consumer reporting agency Intelifi, Inc. and/or the Washington State Patrol, as a condition of my participation in PNA programs as a volunteer, parent volunteer, or employee. I understand that an investigative report will be generated that may include my criminal, civil, and driving record history. I understand that Intelifi, Inc. or the Washington State Patrol, on behalf of the PNA, will be requesting information from public and private sources in consideration of my employment, volunteer work (including as a cooperative preschool parent volunteer), or contract now or at any time with the Phinney Neighborhood Association, and I give my full consent for this information to be obtained. I also authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer, or insurance company contacted by Intelifi, Inc. and/or the Washington State Patrol to furnish the information described above.

With my signature below, I release and hold harmless the PNA from any and all liability in obtaining or disclosing such information about my background to staff and authorized program leads who may make decisions as to my participation in PNA programs and/or employment. I further understand that the PNA may, at its discretion, exclude me from employment, volunteering, and working in any capacity in preschool classrooms for any reason, including making misleading or incomplete statements on this authorization form.

I swear, under penalty of perjury, that the information I have provided below is true and complete.

_____ Requestor's Signature _____ Date

Complete all fields legibly to avoid delays in processing your background check and your participation in PNA programs or employment:

First Name _____ Middle _____ Last _____

Maiden Name _____ Other Names Used: _____ Gender M F

Current address _____ Postal Code _____

How long have you lived at this address? _____

Other addresses used over past 3 years _____

Email address _____ Phone Number _____

The following information is required for positive identification purposes when checking public records. It is confidential and will not be used for any purpose other than running the authorized background check(s).

Date of Birth ___/___/___ Social Security Number ___ - ___ - ___

Name as it appears on Driver's License _____

Driver's License Number _____ State of Issuance _____

Have you ever been convicted of a crime? Yes No

If so, provide the following:

- (a) Date of conviction:
- (b) City/state of conviction:
- (c) Details of crime:

(Continued on other side.)

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Statute updates are available on request. Although every effort has been made to assure accuracy, Intelifi.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Intelifi.com policy requires purchasers of these reports to have signed a Service Agreement. This assures Intelifi.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, contact Intelifi.com at the address below.

Requestors have the right to obtain copies of any reports furnished to the PNA by Intelifi and to request the nature and substance of all information in its files on the requestor, including the sources of information. Intelifi will also disclose the recipients of any such reports previously furnished within the two year period for employment requests, and one year for other purposes preceding the request (California three years). Requestors may file a dispute with Intelifi, at any time, related to any information that is inaccurate in any type of generated report. Intelifi's privacy policy can be found on its website at www.intelifi.com. Intelifi, Inc. may be reached at 8730 Wilshire Blvd, 4th Floor, Ste. 412, Beverly Hills, CA 90211, (888) 409-1819.

For information regarding rights under Washington State law in regard to these reports, requestors may contact the State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188; (206) 464-7744.

Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information.

Please sign that you have read and understand the Fair Credit Reporting Act Notice above.

Signature _____ Date _____