4646 South Division • Wayland, MI 49348
(800) 253-7297
pawswithacause.org

BACKGROUND SCREENING AUTHORIZATION
Notice, Authorization, and Release to Obtain Consumer Reports

- ☐ **Assistance Dog Applicant/Household Residents**
- ☐ **Foster Puppy Raiser/Household Residents**
- ☐ **Breeding Host Home/Household Residents**
- ☐ **Board Member**
- ☐ **Court Service Worker**
- ☐ **Independent Contractor**
- ☐ **General Volunteer**
- ☐ **Intern**
- ☐ **Volunteer Presenter**

1. In connection with my application for service/volunteer work, I understand that an investigative consumer report may be requested that will include information as to my character, work ethics, work performance, discipline and work experience. To obtain Consumer Reports and information concerning identity verification and criminal records, I understand that as directed by company policy and consistent with screening or consideration for job service/volunteer work with Paws With A Cause, or its related corporate entities, you may be requesting information from public and private sources about my criminal history record credit and references.

2. According to the Fair Credit Reporting Act, I am entitled to know if placement is denied because of information obtained by PAWS from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

3. I acknowledge that a telephone facsimile (FAX), electronic or photographic copy shall be valid as the original.

4. I authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Paws With A Cause or related corporate entities, or its agent, to furnish the information described in Section 1 and waive any right to notice of such disclosure of that information and release. I agree to hold harmless from liability any person or organization that provides such information, as well as Paws With A Cause, its agents, officers, directors, employees and volunteers.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

_____
Please print your full name Last First Middle

_____
Please print other names you have used

_____
Home address City State Zip Code

_____
Previous address City State Zip Code

_____ _____ Sex: Male ☐ Female ☐
Social Security Number Date of Birth

_____ _____
Driver's License Number State Issuing License

_____ _____
Signature Date

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