



110 N.E. 4<sup>th</sup> Street  
 Hermiston, OR 97838  
 (541) 564-6878 or 1-800-559-5878  
 Fax (541) 564-6879

## VOLUNTEER PROFILE

NAME: \_\_\_\_\_ PHONE(Home/Cell): \_\_\_\_\_ (Message): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEAD START PARENT: \_\_\_\_\_

**AREA OF INTEREST:**

<input type="checkbox"/>	Teacher Assistant	<input type="checkbox"/>	Bus Monitor	<input type="checkbox"/>	Clerical/ WIC Clerk
<input type="checkbox"/>	CASA Advocate	<input type="checkbox"/>	Cook Assistant	<input type="checkbox"/>	Garden Volunteer
<input type="checkbox"/>	SMART Reader	<input type="checkbox"/>	Technology Assistant	<input type="checkbox"/>	Summer Lunch Volunteer
<input type="checkbox"/>	SMART Coordinator	<input type="checkbox"/>	Maintenance Specialist	<input type="checkbox"/>	Other

Do you possess a current First Aid/CPR card? \_\_\_\_\_ Do you possess a current Food Handler's card? \_\_\_\_\_

EQUAL OPPORTUNITY	DRUG-FREE WORKPLACE	AMERICANS WITH DISABILITIES ACT
UMCHS, an equal opportunity employer, complies with provisions of all Federal and State statutes relating to nondiscrimination, such as Fair Practices Act, section 504 of the rehabilitation Act, and Title IX Regulations.	UMCHS is committed to maintaining a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988.	UMCHS complies with provisions of the Americans with disabilities Act of 1990. Reasonable accommodations for the application and interview process will be provided upon request and as required. Disabled persons may contact the Personnel office for additional information or assistance.

I authorize Umatilla-Morrow Head Start, Inc. (UMCHS) to seek all information relative to my Volunteer Profile and volunteer candidacy. I further authorize past employers or anyone with information about my history, education and qualifications to provide such information to UMCHS in response to any UMCHS inquiry. I agree to hold harmless from any liability (suit, claim or other action) anyone supplying such information. The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with UMCHS.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



110 N.E. 4<sup>th</sup> Street  
Hermiston, OR 97838  
(541) 564-6878 Fax (541) 564-6879  
1-800-559-5878

## EMERGENCY CONTACTS

In case of an emergency Umatilla-Morrow Head Start, Inc. needs the name, address, and telephone number of a contact person. This information will be kept in your personnel file.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

If the above emergency contact people cannot be reached at the time of an emergency may UMCHS seek medical evaluation at a local health care facility?

Yes  No

If the attending Health Care Provider recommends medical intervention and you or your emergency contact are unable to provide approval, do you give permission for treatment?

Yes  No

In case of an emergency the following information may be shared with the Health Care Provider.

Medical Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Family Support and Connection



110 N.E. 4<sup>th</sup> Street  
Hermiston, OR 97838  
(541) 564-6878 Fax (541) 564-6879  
1-800-559-5878

## Tuberculosis Screening

Name: \_\_\_\_\_

1. In the past five years have you lived outside the United States?  No  Yes  
If yes, please list where you lived \_\_\_\_\_  
How long? \_\_\_\_\_
2. In the past year have you traveled outside the United States?  No  Yes  
If yes, please list where you went to visit \_\_\_\_\_  
How long? \_\_\_\_\_
3. Have you knowingly been exposed to TB?  No  Yes
4. Do you suffer from night sweats?  No  Yes
5. Do you have unexplained fevers?  No  Yes
6. Have you experienced a prolonged cough?  No  Yes
7. Have you experienced unexplained weight loss?  No  Yes
8. Have you ever experienced chest pains?  No  Yes

I understand that any positive answers will be reviewed by a Health Care Professional.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Health Care Professional: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Background Report Disclosure and Authorization

### Disclosure Regarding Volunteer Background Report

UMCHS ("COMPANY") may obtain from Verified Volunteers, 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860. www.verifiedvolunteers.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal references.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to Obtain Volunteer Background Report

I have read the Disclosure Regarding Volunteer Background Report provided by UMCHS ("COMPANY") and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860, www.verifiedvolunteers.com, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself, and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Volunteer Name (Printed): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### State Law Notices Relating to Your Background Report

**Washington State Volunteers only:** You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. By signing, you acknowledge that you are aware of this right.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

### Volunteer Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Other Names Used (alias, maiden name, etc.): \_\_\_\_\_

### Address History (Within the last seven years):

Address 1: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address 2: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address 3: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address 4: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address 5: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.

See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1 888 5OPTOUT (1 888 567 8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For more information about your federal rights, contact:

For questions or concerns regarding:	Please contact:
<b>1. a.</b> Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	<b>a.</b> Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552
<b>b.</b> Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the Bureau:	<b>b.</b> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
<b>2.</b> To the extent not included in item 1 above:	
<b>a.</b> National banks, federal savings associations, and federal branches and federal agencies of foreign banks	<b>a.</b> Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
<b>b.</b> State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.	<b>b.</b> Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480
<b>c.</b> Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations	<b>c.</b> FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106

For questions or concerns regarding:	Please contact:
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, SW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357



### **Consumers have the right to obtain a security freeze**

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.