

SEATTLEU

NOTE: In order to protect private personal information, the host department should fax this completed form to Human Resources at 206-296-2100 or save in a OneDrive folder and share with Kimberley Johnson at kjohnson1@seattleu.edu.

First Name: _____ Last Name: _____ MI: _____

This form, to be completed and signed by you, details your agreement to be a volunteer at Seattle University. Please acknowledge the following:

1. I acknowledge that I am performing volunteer work for the University without any expectation or contemplation of pay. I am donating my services because of my interest in supporting Seattle University and its mission.
2. I understand that I am not an employee of the University and I have no expectation of an employment relationship, whether expressed or implied.
3. I understand that I will not receive any wages, compensation, or University benefits in exchange for my volunteer service. In addition, I understand that I will not be reimbursed for any personal expenses, such as parking or meals, that I incur in performing my volunteering work, unless an authorized University official approves the expenses in advance.
4. I am willing to accept a nominal fee or stipend for my volunteer service. This is not a substitute for wage compensation and is not tied to the hours that I am volunteering. I understand that I will receive a nominal fee of \$_____.

As a one-time payment on _____

Once a month beginning on _____ and ending on _____

For a total payment of \$_____

Budget/GL Number: _____

Please note that all volunteer payments should be processed through ProcureSU by the host department. Please click [here](#) for assistance with ProcureSU.

5. I understand that my volunteer service is not for a fixed period of time and that the University may release me as a volunteer without prior notice and for any reason. If I am released by the University, I will receive the nominal fee for the month in which I am released.
6. I understand that the University conducts a criminal history background check on all volunteers. I agree to cooperate in that background check and I understand that my volunteer service is contingent on the results of the background check being satisfactory to the University.
7. I understand that the supervisor or appropriate administrator will determine the duties and responsibilities associated with my volunteer service.
8. I understand that the University pays a monthly premium to the State of Washington Board of Industrial Insurance that provides workers' compensation insurance for volunteers. If I am injured, I am responsible for my own healthcare costs, whether or not covered by industrial insurance. On behalf of myself, my heirs, and my representatives, I agree to release, indemnify, and hold harmless Seattle University and its Board of Trustees, officers, agents, employees, volunteers, and students from any and all liability, damage, or claims of any nature that arise out of or are related to my volunteer service, including traveling to and from competition, training, or related activities.

9. I understand the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement, I attest to the fact that I am 18 years of age or older. **If I am not 18 years or older, my parent or guardian has signed this agreement.**

**DISCLOSURE CONCERNING CONSUMER
AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because Seattle University (“University”) may request consumer reports and/or investigative consumer reports from a consumer reporting agency. The University will use any such report(s) solely for purposes of determining your eligibility for volunteer service.

Consumer reports or investigative consumer reports will be obtained from HireRight, Inc., (“HireRight”) located at 2100 Main Street, Suite 400, Irvine, California, 92614. They can be contacted at (800) 400-2761. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, and certification. The information contained in these reports may be obtained by HireRight from private or public record sources including sources identified by you in your application or through interviews or correspondence with your past or present co-workers, neighbors, friends, associates, current or former employers, educational institutions, or other acquaintances. Any of the information specified above may be sought and obtained directly by the University for determination of volunteer eligibility.

You are being provided a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” prepared pursuant to 15 U.S.C. section 1681(g)(c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights by contacting HireRight.

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the University in conjunction with my application for volunteer service. I further understand that any and all information contained in my application or otherwise disclosed to the University by me before, during or after my volunteer service, if any, may be used for the purpose of obtaining the consumer reports or investigative consumer reports requested by the University. I understand that the University may request a consumer report and/or an investigative consumer report about me, as defined above, for purposes of determining my eligibility for volunteer service. I understand that my consent will apply throughout my volunteer service, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the University at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University.

I hereby authorize, without any reservation, any law enforcement agency, school, employer, reference, information service bureau, institution, or person contacted by HireRight or by the University to furnish the information described in the Disclosure section above. I hereby release the University and the agents and employees and all other persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports.

I certify that all information I have provided in the application process is accurate and complete to the best of my knowledge. I understand that any omission or misrepresentation contained in the information I have provided to the University at any time will be grounds for rejection of my application or termination of my volunteer service.

VOLUNTEER INFORMATION

Please Print – Please fill in all requested information to ensure that background checks can be completed.

Volunteer Last Name: _____ First Name: _____ Middle Name: _____

Social Security # _____ – _____ – _____ Date of Birth (for I.D. purposes only) _____

Present Address _____

City _____ State _____ Zip _____ Email _____

Current/Valid Driver's License or State-Issued ID # _____

State Issued _____ Sex: Female Male

List the date, place, and nature of all convictions or guilty pleas (other than non-moving traffic offenses) and any imprisonment which have occurred within the last ten (10) years. A conviction record will not necessary bar volunteer service. If you have no convictions or imprisonments within the last ten (10) years, write NONE.

EMERGENCY CONTACT INFORMATION

NAME _____ PHONE _____

Volunteer Signature _____ Date _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- 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 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness 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 if your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **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.ftc.gov/credit.
- **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 1-888-5-OPTOUT (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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

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POLICY AND PROCEDURE ACKNOWLEDGEMENT:

I understand that I have a responsibility to learn and know University Policies and the policies described in the Human Resources Policy Manual online: <http://www.seattleu.edu/hr/Inner.aspx?id=40090>.

I understand that I should consult the Human Resource Office if I have questions about university policies and procedures.

Seattle University has particular concern for those who are potentially vulnerable, including children, who require special attention and protection. The policy on Reporting Suspected Child Abuse establishes requirements for the reporting of suspected abuse or neglect of a child, with the goal of promoting the safety and well-being of children and educating mandated reporters about obligations under Washington State law.

All Seattle University faculty, staff, students, and volunteers are responsible for understanding and complying with this policy.

All Seattle University employees, including faculty, staff, administrators, temporary staff, volunteers, and student employees who have reasonable cause to believe that a child has suffered abuse or neglect are required to immediately report the suspected abuse or neglect to law enforcement or the Department of Social and Health Services as specified in the policy. The fully policy is available on the University Policies webpage and in the Human Resources Policy Manual.

Since the information, policies and benefits described here are subject to change, I acknowledge that revisions to University Policies and the Manual may occur. I understand that Seattle University may change, modify, suspend, interpret or cancel, in whole or part, any of the published or unpublished personnel policies or practices, with or without notice, at its sole discretion. Such revised information may supersede, modify or eliminate existing policies.

I understand and agree that I will read and comply with the policies contained in the Manual and any revisions, am bound by the provisions contained therein, and that my continued employment is contingent on following those policies.

Signature

Date

**This section to be completed by host department.
Please complete all sections.**

Program/Department Name: _____

Volunteer Position Title: _____

Supervisor Name: _____

Duties (attach additional pages if needed): _____

Service start date: _____

Service end date: _____

Department Head:

Date

Signed: _____

Printed Name: _____

Human Resources:

Date

Signed: _____

Printed Name: _____

HR USE ONLY

NAE

EMPC

NEMP

Seattle U ID#: _____

BKGD

CHCK

TERM