

## NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a background screening report and/or an investigative reference check that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my employment may be obtained in connection with my application to volunteer for HERITAGE ACADEMY, 333 Greene Street, Augusta, GA 30901.

I understand that, if I am approved for volunteering by HERITAGE ACADEMY, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of HERITAGE ACADEMY, such may be necessary.

I hereby release and discharge to the extent permitted by law, HERITAGE ACADEMY, its employees, any individual or agency obtaining information for HERITAGE ACADEMY, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

By signing below, I, \_\_\_\_\_, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at <http://www.ftc.gov/bcp/conline/pubs/credit/fcrasummary.pdf>.

### AUTHORIZATION

\_\_\_\_\_  
Print Name (last, first, middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)  
**(For ID Purposes Only)**

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Drivers License State

Other names I have been known by (maiden name): \_\_\_\_\_

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

Previous Addresses (Last 10 Years) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Submit to: Beth Westergreen, Heritage Academy, 333 Greene Street, Augusta GA 30901  
Please include a \$20 processing fee. Checks can be made payable to Heritage Academy.*