



**VOLUNTEER ACKNOWLEDGEMENT
PLEASE READ CAREFULLY BEFORE SIGNING**

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND SIGN BELOW:

I understand that as a volunteer, that I am not an employee of Connections of Cumberland County and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the North Carolina State Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH CONNECTIONS OF CUMBERLAND COUNTY.

Printed Name of Volunteer	Signature of Volunteer	Date
Emergency Contact: _____		
Printed Name	Relationship to Volunteer	Telephone

IF VOLUNTEER IS UNDER 18 YEARS OLD, THEN PARENTS MUST READ AND SIGN BELOW:

I understand as my minor child is a volunteer, that my minor child is not an employee of Connections of Cumberland County and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the North Carolina State Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGED THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH CONNECTIONS OF CUMBERLAND COUNTY.

Both Parents/Guardians must sign:

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Emergency Contact: _____		
Printed Name	Relationship to Child	Telephone



NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE BACKGROUND REPORTS

This form, which you should read carefully, has been provided to you because Connections of Cumberland County may request consumer/credit reports or investigative background reports in connection with your application for volunteerism with the organization and at any time during the course of your volunteer experience with the Organization, for the purposes of evaluating your suitability for volunteering. Additionally, in the event that claims or disputes between you and Connections of Cumberland County are filed with any third parties, the Organization may request consumer/credit reports or investigative background reports for the purposes of evaluation and response, regardless of whether you remain in the role of a volunteer of the Organization at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

AUTHORIZATION

I have carefully read and understand this notice and authorization form, and by my signature below, I consent to the release of consumer or investigative background reports, as defined above, to Connections of Cumberland County (1) in conjunction with my application for volunteering, (2) during the entire course of my volunteering, if any, and (3) after any such volunteering ends. I further understand that any and all information contained in my volunteer application or otherwise disclosed to Connections of Cumberland County by me before, during or after my volunteering, if any, may be utilized for the purpose of obtaining the consumer reports or investigative reports requested by the Organization and confirm that all such information provided in connection with my volunteer application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of volunteering or a promise of continued volunteering. If accepted as a volunteer by Connections of Cumberland County, my volunteering will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by Connections of Cumberland County.

Name (Print Clearly): _____
First Middle/Maiden Last

Social Security Number: _____ Date of Birth: _____
(mm/dd/yyyy)

Race: _____ Gender: _____ County of Residence: _____

Address: _____
Street City State Zip Code

Signature: _____ Date: _____