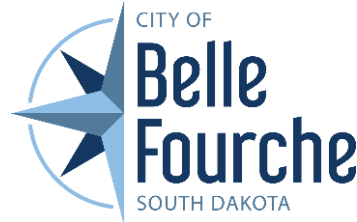


Volunteer Application

City Website: www.bellefourche.org



511 6th Ave
Belle Fourche, SD 57717
(605) 723-4046 Fax (605) 723-4348

An Equal Opportunity Employer

Department to volunteer for: _____

Volunteer Application – Please print clearly!

Background Checks are conducted for all volunteers for the City of Belle Fourche

Volunteer Applicant Information

NAME _____
LAST FIRST MIDDLE

OTHER NAMES USED _____

MAILING ADDRESS _____
STREET CITY STATE ZIP CODE

PRIMARY TELEPHONE NUMBER _____ ALTERNATE TELEPHONE NUMBER _____

EMAIL ADDRESS _____ REFERRAL SOURCE _____

Date Available: _____ Days Available: _____ Hours Available: _____

Do you have a valid Driver's License? YES NO

List other training/skills that may be applicable to your skills and abilities as a volunteer:

Professional References - Please list two.

NAME	TELEPHONE	YEARS KNOWN

Signature: _____ Date: _____



**CITY OF BELLE FOURCHE
FCRA AUTHORIZATION FORM**

APPLICATION FOR VOLUNTEER

DISCLOSURE AUTHORIZATION AND CONSENT FORM

THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE

PLEASE READ CAREFULLY

We truly welcome your application with **City of Belle Fourche**. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security number trace, motor vehicle verification, education, previous employment, and a criminal background verification may be obtained for the purpose of this employment application. In addition, investigative consumer reports gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that **AccuSource, Inc.** has made this disclosure.

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.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **City of Belle Fourche** may now, or any time while I am employed/training, conduct a verification of my education, previous employment/work history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment/training eligibility under **City of Belle Fourche** employment/training policies.

