



Guest Services Volunteer Background Check Authorization

Full Name: _____ Previous Name(s): _____

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Address:
(if less than 5 years at current)

City: _____ State: _____ Zip: _____

If you have ever resided in Kentucky, please provide your social security number: _____

Qualifying Information

Is there any history of substance abuse, violence or domestic abuse in your history? Yes No

If yes, please explain:

Have you been convicted of a felony? Yes No If yes, please supply details of felony and dates:

Important: False information provided on this form will result in immediate dismissal.

Do you have a valid photo ID? Yes No

If no, please explain as this is a requirement to volunteer:

Have you recently been exposed to any infectious diseases or been running an undiagnosed fever?

Yes No

If yes please provide information:

Important: If during or before a shift you get sick, please immediately inform the manager on duty.

Do you smoke? Yes No

If yes, please note that volunteer are not permitted to smoke while on shift.

I understand the House policies and volunteer expectations as they were explained to me.

Yes No

ELECTRONIC SIGNATURE DISCLOSURE AND CONSENT STATEMENT

(Applies to electronic submissions only.)

I understand that RMHC is using electronic signatures for online submissions of Application to Volunteer and Criminal History Background Report Authorization forms instead of handwritten signatures. Both forms will be completed by me "on-line" and sent electronically to RMHC. I will use a key pad, mouse, or other computer device to select an item, button, icon, checkbox, or type any text to confirm my acceptance and agreement to the terms and conditions in those two documents. By doing so, I consent and agree my electronic signature on those forms is the same as if I actually signed those forms in writing. It is my intent that the electronic signature serves as my signature. I also agree that it is not necessary for RMHC to independently verify (by itself or through a third party) my electronic signature. The lack of any independent verification shall not affect the enforceability of my electronic signature.

Volunteer Applicant: _____ Date: _____



Application to Volunteer

Criminal History Background Report Authorization

Ronald McDonald House Charities of Greater Cincinnati ("RHMC") conducts a criminal history background check on all individuals (18 years old or older) applying for a Guest Services Volunteer position at RMHC. In selecting volunteers, RHMC screens volunteer behavior and an individual's suitability to volunteer in a family setting. A criminal conviction record which reveals behavior that may adversely affect another individual's (e.g., guest families, visitors, staff, volunteers) health, safety, welfare and ability to peacefully enjoy the RHMC facility shall result in your application to volunteer being denied. For example, and without limitation, convictions of violent crimes, domestic violence, child abuse, sex offenses, illegal drug activity, burglary, and/or identity theft will result in rejection of your application.

This form includes a Criminal History Background Report Authorization form for you to review and sign. Once we receive the completed form, RMHC will have an independent third party conduct a criminal history background check.

Ronald McDonald House of Charities of Greater Cincinnati (RMHC) will attempt to obtain and use a criminal history background "consumer report" from a "consumer reporting agency" when considering your application to volunteer. These quoted terms are defined in the Fair Credit Reporting Act ("FCRA"), a law which RMHC deems to apply to you. As a volunteer applicant, RMHC is considering you to be a "consumer" with rights under the FCRA.

Please understand that RMHC solely will obtain a criminal history background report to assist it in determining whether to grant you volunteer status. RMHC is not obtaining a "consumer report" for any other information and will NOT be conducting a credit check.

If RMHC considers any information in the criminal history background report when making a volunteer status decision that directly and adversely affects you, you will be provided with a copy of that report. You also may contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

To assist RMHC in obtaining criminal history background check information, please truthfully and completely answer the following question:

Have you ever been convicted of ANY misdemeanor (other than moving vehicle or parking violations) or felony? For purposes of this inquiry, the word "convicted" includes, without limitation, pleading guilty, pleading no contest, or having a judicial finding of guilt.

Yes No

If Yes, please list the criminal offense, the date(s) of the conviction and where (city, state, country) the conviction took place. Please use additional paper if necessary.

Have you been arrested for any misdemeanor or felony involving violence, domestic violence, child abuse, illegal drug activity, sex offenses, and burglary and/or identity theft in the last 3 years?

Yes No

If yes, please list the criminal offense, describe the circumstances leading to the arrest, the date(s) of the arrest and where (city, state, country) the arrest took place. Please use additional paper if necessary.

To assist you in truthfully and completely answering this form, please be advised your application will be in jeopardy if you have been convicted of any of the following criminal offenses (whether or not the offense may have been labeled in another way in your state or country of residence). This list is not all-inclusive.

- Murder or Aggravated Murder
- Voluntary Manslaughter
- Assault or Felonious or Aggravated Assault
- Failing to Provide for a Functionally Impaired Person
- Aggravated Menacing
- Kidnapping
- Abduction
- Extortion
- Coercion
- Rape
- Sexual Battery
- Gross Sexual Imposition
- Sexual Imposition
- Importuning
- Voyeurism
- Illegal Processing Drug Document
- Public Indecency
- Felonious Sexual Penetration
- Prostitution
- Disseminating Matter Harmful to Juveniles
- Pandering Obscenity
- Pandering Obscenity Involving a Minor
- Pandering Sexually Oriented Matter Involving a Minor
- Illegal Use of a Minor in Nudity-Oriented Material or Performance
- Adulteration of Food
- Robbery or Aggravated Robbery
- Burglary or Aggravated Burglary
- Breaking and Entering
- Theft or Aggravated Theft
- Unauthorized Use of a Vehicle
- Unauthorized Use of Property; Unauthorized Access to Computer Systems
- Driving Under the Influence
- Medicaid Fraud
- Securing Writings by Deception
- Insurance Fraud
- Receiving Stolen Property
- Domestic Violence
- Prohibition of Conveyance of Certain Items of Detention Facility
- Carrying Concealed Weapons
- Having Weapons While Under Disability
- Improperly Discharging Firearm at or into Habitation or School
- Corrupting Others with Drugs
- Trafficking Charges
- Drug Abuse
- Identity Theft
- Permitting Drug Abuse
- Deception to Obtain a Dangerous Drug
- Importuning/Soliciting a Minor for Sex

RMHC, in its sole discretion, will determine whether your criminal record may threaten an individual's health, safety, welfare, and ability to peacefully enjoy the RMHC facility and, therefore, result in your application to volunteer being denied. You are required to promptly notify RMHC's Director of Volunteers if your answer to the above-referenced questions needs to be updated.

* * *

I certify that all of the above-provided information is accurate, complete and can be verified. I agree and understand that any falsification, misrepresentation, or omission may disqualify me from seeking to volunteer at RMHC; or if volunteer status has already been granted, then it will subject me to immediate expulsion from RMHC whenever the falsification, misrepresentation or omission is discovered. I also understand that while RMHC will obtain criminal history background information on potential volunteers, it cannot and does not guarantee the personal safety of any guest family, visitor, volunteer or staff member.

AUTHORIZATION

By signing below, I knowingly and voluntarily authorize the Ronald McDonald House of Charities of Greater Cincinnati ("RMHC") to obtain a criminal history background report from a "consumer reporting agency" and to consider that report when determining whether to grant me volunteer status at RMHC. I understand I have rights under the FCRA, including the rights discussed in the FCRA Summary of Rights, which has been provided to me along with this Authorization form. This Authorization shall remain on file and shall serve as ongoing authorization for RMHC to obtain criminal history background reports on me as long as I continue to volunteer at RMHC. I also acknowledge receiving a written Summary of Rights under the FCRA along with this Criminal History Background Report Authorization form.

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Name

Date Signed

Full Name (print) First Middle Last

Date of Birth (month, day, year)

Any previous name (e.g. Maiden name): _____

Do you currently live or have you ever lived in the state of Kentucky? Yes No

If yes, please provide us with your Social Security number in order for us to process your background check as it is a requirement in the state of Kentucky Social Security # _____