

# Personnel Policy Bulletin

## City of Lincoln

Number: 2013-1  
Date: 4/10/2013

<b>Reference:</b>	<b>Title:</b>
	<b>Volunteer Policy</b>

### **VOLUNTEER POLICY**

#### **I. Purpose:**

The City of Lincoln will utilize volunteers from time to time in City operations. However, volunteers may not be utilized to fill regular career service positions. This policy is provided to give direction and information to City of Lincoln department staff.

#### **II. Definitions:**

A volunteer may be described as a person who voluntarily offers their services, without pay or other compensation, for a service or undertaking. These individuals must apply for and be accepted for volunteer service, prior to performing any tasks. Volunteers are not considered employees of the City of Lincoln.

#### **III. Motivation:**

Volunteers may be motivated by a number of factors, that may include the following:

- Helping others
- Gaining recognition
- Meeting others
- Completing an educational or service requirement
- Completing court ordered service
- For other purposes

Efforts should be made to recruit volunteers based upon their motivation in volunteering.

#### **IV. Age of Volunteers and the Fair Labor Standards Act:**

Minors below the age of 16, are not recommended for volunteers as their work duties and hours of service may be regulated by the Department of Labor, and the Fair Labor Standards Act (FLSA), or come under a comparable legal duty requiring great care. Please contact the Personnel Department at 402-441-7597 if you are looking to utilize volunteers under the age of 16.

However, organized groups of school, scout, church or other similarly affiliated groups may request non-hazardous volunteer projects for the group if competent adults organize and agree in writing to supervise and insure; or hold the City of Lincoln harmless, from all injuries and loss.(See Attachment A.)

Minors, under the age of 18, may work as volunteers but must not perform hazardous work as defined by the Department of Labor. Hazardous duties under the Department of Labor would generally include dangerous work, driving motorized equipment, the use of ladders or scaffolding, or the use of power or motor-activated equipment, in addition to the following:

- Working with explosives
- Driving or being an outside helper on a motor vehicle
- Coal mining

- Forest fire fighting and fire prevention, timber tract management, or forestry services
- Power-driven woodworking machines
- Exposure to radioactive substances
- Operation of power-driven hoisting apparatus
- Operation of power-driven metal forming, punching and shearing machines
- Mining, other than coal mining
- Meat and poultry packing or processing, including powered meat slicing machines
- Operating power-driven bakery machines
- Operating balers, compactors, and paper products machines
- Manufacturing brick, tile and related products
- Operating power circular saws, band saws, guillotine shears, chain saws, wood chippers, etc.
- Wrecking, demolition or ship breaking operations
- Roofing operations and all work on or about a roof
- Excavation operations

At age 18, the Department of Labor allows workers to engage in hazardous duties. However, volunteers in Nebraska are not considered adults until reaching the age of their majority, or usually age 19. A parent or guardian must still sign a "Waiver and Release of All Claims" until they reach age 19.

Volunteers are not authorized to drive City of Lincoln licensed motor vehicles. Please contact Risk Management at 402-441-7671 if there are any questions.

#### **V. Volunteer Service Application:**

Volunteer applications should include the volunteer's name, age, address, past addresses, emergency contact information, references, interests, desired work duties and service dates/times, current employer information, education and training, criminal history check and a signature or certification line. A sample volunteer application is attached to this policy. Your department may utilize a similar application form as long as it includes the same general information. (See Attachment B.)

#### **VI. Volunteer Criminal History Check — Local Criminal History Check:**

Volunteer applications shall be forwarded to the Personnel Department to be checked through a local criminal history check, in conjunction with the Lincoln Police Department and the Lancaster County Attorney's Office. The Personnel Department also will complete a Nebraska State Patrol Sex Offender Registry check. This criminal history check centers upon local criminal convictions and sex offenders within the state, and is sufficient unless volunteers will work with children, vulnerable adults, or with the personal credit or financial information of others. (See Attachment C.)

#### **VII. Volunteer Background Check — Formal Criminal History Check:**

Volunteer applicants who will work, (1) with children, (2) with vulnerable adults or (3) with the personal credit or financial information of others shall be forwarded to the Personnel Department to be checked through a formal criminal history check with a third party background check company, currently "One Source." Volunteers shall sign a One Source Applicant Release Authorization form. The remaining two pages summarizing rights under the Fair Credit Reporting Act and information about federal rights, should be given to the volunteer applicant. (See Attachment D.)

#### **VIII. Fair Credit Reporting Act and Background Checks:**

The Fair Credit Reporting Act (FCRA) sets a national standard that employers must follow in using a third party background check company. Amendments to the FCRA increase the disclosure and consent requirements of employers who use these reports.

To be covered by the FCRA, the Federal Trade Commission (FTC) says that a report must be prepared by an outside company, a consumer reporting agency or business that assembles information on consumers for the purpose of furnishing consumer reports to third parties. All volunteers who are evaluated using the One Source Applicant Release Authorization form should receive the information on the two pages summarizing their rights under Attachment D.

Any questions from volunteers regarding their criminal history should be referred to the Personnel Department at 402-441-7597.

**IX. Waiver and Release of All Claims:**

A waiver and release form must be signed by volunteer applicants. Use the form for “Minors” if under the age of 19. This requires approval from a parent or guardian. Use the form for “Adults” if 19 or older. The age of majority is 19 years of age in Nebraska. (See Attachment E.)

**X. Volunteer Position Descriptions:**

A Volunteer Position Description can be very helpful for volunteers in trying to understand if they will enjoy the work duties, and the type of volunteer opportunities available within your department. Please include a clear description of volunteer duties.

**XI. In-Depth Interview:**

Volunteers should be personally interviewed, if possible, to see if they will be a good fit for the organization, to discuss any gaps in employment, and to check on any disclosed criminal convictions that could effect the volunteer's eligibility.

The interview process also provides an opportunity for volunteers to learn more about the work duties and responsibilities of the department, and can provide a realistic preview of the work involved.

**XII. Negligent Hiring and Red Flag Issues To Consider:**

Negligent hiring is a claim made by an injured party against an employer or business based upon the theory that the employer knew, or should have known, that an applicant was dangerous or untrustworthy. Some indications of **possible** red flags that may indicate a potential problem volunteer may include, but are not limited to, the following:

- Excessive interest in children or the elderly
- Excessive driving convictions or accidents
- Criminal convictions
- DUI/DWI/MIP convictions
- Other substance abuse issues
- Credit/bankruptcy issues if handling credit cards or money
- Extensive disciplinary or legal troubles
- Unexplained gaps in employment or home locations

Of course, red flag issues are only one aspect of the volunteer application and applicants should not be assessed for volunteer selection based solely on one aspect of their application. Please contact the Personnel Department at 402-441-7597 if you wish to discuss a volunteer candidate.

**XIII. Volunteer Training and Orientation:**

Volunteers should receive safety training and a general orientation regarding their volunteer duties prior to their first assignment. Duties of the volunteer, identification of their supervisor, information about the City of Lincoln and information about department procedures should be fully discussed and documented during your departmental volunteer training and orientation.

**XIV. Volunteer Safety:**

Volunteer safety is an important element of our volunteer program. Please make sure that volunteers comply with City and departmental safety regulations. Any volunteers injured during a volunteer assignment must immediately advise their supervisor. Injured volunteers are **not** eligible for worker compensation benefits, but may utilize City of Lincoln Volunteer Accident Insurance.

**XV. Volunteer Accident Insurance:**

In order to assist volunteers who may become injured, the City of Lincoln purchases volunteer accident insurance. This benefit provides payment for volunteer medical accident insurance that is excess to the

volunteer's own health insurance policy. This volunteer accident insurance will become primary if the volunteer has no health insurance.

The current volunteer accident insurance limit is \$50,000, with a \$2,500 accidental death and dismemberment benefit. Company coverage and limits are subject to change, but claims should be reported to the Risk Manager, City of Lincoln, 555 S. 10<sup>th</sup> Street, Suite 302, Lincoln, NE 68508.

**XVI. Existing Employees As Volunteers:**

Sometimes City of Lincoln employees may want to volunteer where they are employed, to do similar work as an unpaid volunteer. Pursuant to Fair Labor Standards Act (FLSA) regulations, 29CFR553.100 through 29 CFR 553.106, current employees may volunteer as long as the volunteer services are not "the same type of services for which the individual is employed to perform for such public agency." (29 CFR 553.103). This regulation goes on to explain that the phrase "same type of services" means similar or identical services. Please contact the Personnel Department at 402-441-7597 if you have any questions.

**XVII. Volunteer Dress Code:**

Volunteers for the City of Lincoln are expected to have a clean and professional appearance, with their clothing also appearing clean and modest. If issued a name tag, this should be worn during the volunteer service.

**XVIII. Volunteer Conduct:**

Volunteers, when acting in a volunteer capacity, will be representing the City of Lincoln, and should conduct themselves in an appropriate manner. When volunteering, volunteers become visual representatives of the City of Lincoln and should not smoke, drink alcohol, use vulgar language, or engage in any unlawful activities. Please contact the Personnel Department at 402-441-7597 if you wish to discuss a volunteer's conduct.

**XIX. Absenteeism:**

Volunteers are expected to perform their duties as scheduled, and in a timely manner. If volunteers believe they will be absent, notice should be given to their supervisor as soon as practicable.

**XX. Confidentiality:**

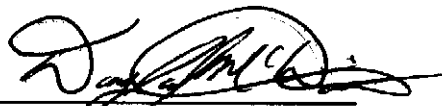
Volunteers are responsible for maintaining the confidentiality of all privileged information they may become exposed to while serving as volunteers at the City of Lincoln.

**XXI. Volunteer Supervision:**


Volunteers should have an employee of the City of Lincoln identified as their direct supervisor. This person will be their main contact for volunteer activities.

**XXII. Questions Regarding This Policy:**

Questions regarding this policy will be addressed by the Personnel Department.

  
\_\_\_\_\_  
Doug McDaniel  
Personnel Director

4-18-2013  
Date

  
\_\_\_\_\_  
Chris Beutler  
Mayor

4-25-2013  
Date

## CITY OF LINCOLN

### APPLICATION FOR GROUP VOLUNTEER ACTIVITIES

(Please Print)

Name of Group: \_\_\_\_\_

Group Official & Title: \_\_\_\_\_

Group Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Volunteer Activity Requested: \_\_\_\_\_

City Department Effected: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_

How The Group Will Insure or Indemnify The City of Lincoln (Check One):

\_\_\_\_\_ Through general liability insurance. The City of Lincoln shall be named as an additional insured on your group's liability policy, with a \$1,000,000 minimum limit. You also agree to actively supervise and control all of your group's volunteer activities, with parental permission slips as needed. (Attach your certificate of insurance.)

\_\_\_\_\_ Through a contractual transfer of liability. You and your group agree to hold the City of Lincoln harmless from all claims and agree to indemnify the City of Lincoln from all liability and responsibility involving your group and the supervision of volunteers. You also agree to supervise and control your group's volunteer activities, with parental permission slips as needed. (Attach signed waiver and release form for the group.)

\_\_\_\_\_  
Group Official's Signature

\_\_\_\_\_  
Date

Approved By:

\_\_\_\_\_  
Department Head or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
Date



**CITY OF LINCOLN  
VOLUNTEER SERVICE APPLICATION**

**PLEASE PRINT**

**GENERAL**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

\_\_\_\_\_  
(Birth Date) (Current Age)

\_\_\_\_\_  
(Gender) (Maiden Name)

Check one: ☐ U.S. Citizen OR ☐ Permanent Resident

If you are not a citizen, give the number of your permanent resident card or work permit: \_\_\_\_\_

**CURRENT ADDRESS**

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

( ) ( ) ( )  
(Day Phone) (Evening Phone) (Cell Phone)

\_\_\_\_\_  
(Email Address)

Permanent Address (if different from current):

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

( ) ( ) ( )  
(Day Phone) (Evening Phone) (Cell Phone)

**EMERGENCY**

Emergency Contact: \_\_\_\_\_  
(Last) (First) (Middle) (Phone Number)

\_\_\_\_\_  
(Relationship)

## EMPLOYMENT

\_\_\_\_\_  
(Your Current Job Title & Name of Employer)

\_\_\_\_\_  
(Current Employer's Address & Phone Number)

May we contact your present employer?     ☐ Yes   ☐ No

Have you previously volunteered at the City of Lincoln?     ☐ Yes   ☐ No

If so, when and for what department/area? \_\_\_\_\_

## VOLUNTEER SERVICE INFORMATION

Please indicate if you are volunteering for a specific reason: \_\_\_\_\_

☐ Citizenship Issues    ☐ Diversion Services    ☐ Court Appointed    ☐ Class Requirement

☐ Other: \_\_\_\_\_

Counselor/Instructor (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Total volunteer hours required or desired per month: \_\_\_\_\_

Your availability: Hours desired per Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_

Weekdays:     ☐ Morning     ☐ Afternoon     ☐ Evening

Weekends:     ☐ Morning     ☐ Afternoon     ☐ Evening

Work Areas and/or Roles You Would Like As a Volunteer.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## REFERENCES

1. \_\_\_\_\_ ( )  
(Name) (Relationship) (Email Address) (Phone)
2. \_\_\_\_\_ ( )  
(Name) (Relationship) (Email Address) (Phone)
3. \_\_\_\_\_ ( )  
(Name) (Relationship) (Email Address) (Phone)

## EDUCATION AND TRAINING

Please list all relevant education, knowledge, skills, or abilities: \_\_\_\_\_

\_\_\_\_\_

## CRIMINAL HISTORY CHECK

Have you ever been convicted of any violation of law other than a minor traffic violation? ☐ Yes ☐ No

If yes, please list. All convictions for any law violation (i.e. DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e. parking ticket, speeding ticket) including convictions that have been set aside, probationed and/or pardoned, must be listed on the application or included in writing on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. Failure to list convictions on this form will be considered falsification of your application and will result in automatic rejection.

A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the volunteer duties. We also will consider your record since the offense was committed.

Date: \_\_\_\_\_ Charges: \_\_\_\_\_ City/State: \_\_\_\_\_

Date: \_\_\_\_\_ Charges: \_\_\_\_\_ City/State: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all states where you have resided: \_\_\_\_\_

## SIGNATURE / CERTIFICATION

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will do my best to abide by all policies and ordinances of the City of Lincoln.

\_\_\_\_\_  
(Volunteer Signature) (Date)

\_\_\_\_\_  
(Parental Signature - required if volunteer is under 19 years of age.) (Date)

# City of Lincoln/Lancaster County Criminal History Check

I understand that criminal history checks will be conducted on selected applicants as a condition of employment. By signing and submitting this form you acknowledge that the information is true and complete to the best of your knowledge and that any false or incomplete information may be grounds for you not being employed by the City/County, or for your dismissal after beginning work.

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Any other legal name(s) by which you have been known (i.e. maiden name.) \_\_\_\_\_ Date of Birth (For Verification purposes only) \_\_\_\_\_ ☐ Male ☐ Female

I understand that completion of the Criminal History Check form is considered part of the application process and that this document is an official City/County record maintained by the City of Lincoln/Lancaster County Human Resources Department. Falsifying personal information at the time of application may be grounds for rejection from the application process, and/or termination from employment.

As part of this background check, you may be asked to provide certain information, either electronically or in paper format:

1. All previous addresses for 7 years.
2. The names of all previous employers which you listed on your application to verify employment (if applicable)
3. All previous names or aliases by which you have been known.

Failure to provide information in a timely manner, failing to provide all requested information, or providing false information on your application or in the course of the background investigation may be grounds for rejection from the application process and/or termination from employment.

Your electronic signature and submission of this form acknowledges that you have read and understand the policy and authorizes the obtaining of reports by the City of Lincoln/Lancaster County. A copy of this form is available upon request.

Signature (Electronic) \_\_\_\_\_

Date \_\_\_\_\_

## To be completed by Department

### 1. Please indicate which background check(s) you would like completed.

☐ Standard Check ☐ APS/CPS ☐ DMV ☐ Additional Check: \_\_\_\_\_

### 2. Please indicate the type of submission and employee/worker.

Check one: ☐ New Submission ☐ Resubmission

Check one: ☐ Job Applicant ☐ Unclassified Worker ☐ Volunteer ☐ Independent Contractor ☐ Other \_\_\_\_\_

Class Title or volunteer title \_\_\_\_\_

Requisition Number (if applicable) \_\_\_\_\_

Department Name \_\_\_\_\_

Division \_\_\_\_\_

Phone# \_\_\_\_\_

FAX# \_\_\_\_\_

E-mail \_\_\_\_\_

Interviewing Official: Signature \_\_\_\_\_

**\*Highlighted sections are required to be filled out.**

## To be completed by Human Resources Only

OneSource Background Check Verified:	_____ (Initials)	Date: _____
CPS/APS Check Verified (if required):	_____ (Initials)	Date: _____
DMV:	_____ (Initials)	Date: _____
Additional Check (if requested):	_____ (Initials)	Date: _____

\_\_\_\_\_ Eligible for hire \_\_\_\_\_ Eligible for hire, but not recommended \_\_\_\_\_ Not eligible for hire

Comment: \_\_\_\_\_



**APPLICANT DISCLOSURE AND  
AUTHORIZATION FORM**  
[IMPORTANT -- PLEASE READ CAREFULLY  
BEFORE SIGNING AUTHORIZATION]

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, [www.onesourcebackground.com](http://www.onesourcebackground.com)]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**PLEASE PRINT LEGIBLY**

*This information will be used for background screening purposes only and will not be used for any other purpose*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Other Names/Alias: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_  
Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

All Previous Addresses in the Last Seven (7) Years including City, State and Zip Code.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICANT DISCLOSURE AND  
AUTHORIZATION FORM WITH  
PARENTAL CONSENT**

**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE  
SIGNING AUTHORIZATION]**

**DISCLAIMER:** *This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the attached state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.*

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[Employer] ("The Company") may obtain information about your child/minor from a consumer reporting agency for employment purposes. Thus, your child/minor may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your child/minor's character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your child/minor's neighbors, friends, or associates. These reports may contain information regarding your child/minor's credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your child/minor's education or employment history including current position, worker's compensation injuries, or other background checks. Your child/minor has the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, [www.onesourcebackground.com](http://www.onesourcebackground.com)]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your child/minor's employment to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I, \_\_\_\_\_ (Parent/Guardian's name), hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" on my child/minor, \_\_\_\_\_, by the Company at any time after receipt of this authorization and throughout my child/minor's employment, if applicable. I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT given to my child/minor and certify that I have read and understand both of those documents. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**PLEASE PRINT LEGIBLY**

*\*This information will be used for background screening purposes only and will not be used for any other purpose.*

Child or Minor information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ Date of Birth(MM/DD/YYYY): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All Previous Addresses in the Last Seven Years

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This information will be used for background screening purposes only and will not be used for any other purpose.*

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau,  
1700 G Street N.W., Washington, DC 20552.

## **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 FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 adverse 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **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).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

**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.

- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**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. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

## STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report at no charge if one is obtained by the Company.

Check box to receive report. ☐

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, [www.onesourcebackground.com](http://www.onesourcebackground.com).

NEW YORK applicants or employees only: By signing below, you also acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, [www.onesourcebackground.com](http://www.onesourcebackground.com) a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report. ☐

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS  
FOR CITY OF LINCOLN VOLUNTEERS WHO ARE ADULTS**

Please read this form carefully and be aware that in volunteering you will be waiving and releasing all claims for injuries you might sustain arising out of this participation.

As a volunteer in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with this volunteer activity.

I agree to waive and relinquish all claims I may have as a result of participating in this program against the City of Lincoln and their officials, officers, agents, volunteers and employees.

I do hereby fully release and discharge the City of Lincoln, their officials, officers, agents, volunteers and employees from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of participation in this program.

I have read and understand the above Waiver and Release of All Claims.

Participant's Name: (Please Print) \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS  
FOR CITY OF LINCOLN VOLUNTEERS WHO ARE MINORS**

Please read this form carefully and be aware that as a volunteer, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain that arise out of this participation.

As the parent/guardian of the volunteer, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss that I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this volunteer activity.

I agree to waive and relinquish all claims that I or my minor child/ward may have as a result of participating in this program against the City of Lincoln and their officials, officers, agents, other volunteers and employees.

I do hereby fully release and discharge the City of Lincoln, their officials, officers, agents, other volunteers and employees from any and all claims for injuries, damage or loss that I may have or which may accrue to me or my minor child/ward on account of my participation in this activity.

I have read and understand the above Waiver and Release of All Claims.

Participant's Name: (Please Print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_