



Welcome Volunteer,

SPORTS for Exceptional Athletes would like to thank you for your interest in volunteering for our program. SPORTS for Exceptional Athletes (S4EA) is a community based sports program serving athletes with developmental disabilities ages 5 through adult in San Diego County. Our purpose is to create enhanced opportunities for people with and without disabilities to interact and form lasting bonds of friendship through shared sports and recreational activities in their community. S4EA offers 23 sports over 4 seasons throughout the year.

In order to volunteer/coach on a regular basis in the SPORTS for Exceptional Athletes program, we require volunteers to fill out a Volunteer Application and Consent for Background Check Authorization/Waiver/Indemnity form (attached). We have also attached 'A Summary of your Rights Under the Fair Credit Reporting Act' and 'Notice Regarding Background Investigation Pursuant to California Law' for your information.

SPORTS for Exceptional Athletes contracts with the National Center for Safety Initiatives to do background checks on all regular volunteers over the age of 18. We want to ensure a safe environment for our athletes, so we check for criminal conduct and sexual abuse. The information that you provide in the Consent for Background Check Authorization/Waiver/Indemnity will be held in strictest confidence and will only be used to run the background check. Your understanding is greatly appreciated.

Please return the required forms as soon as possible or bring to the first practice.

Mail to: SPORTS for Exceptional Athletes
8291 Aero Place, Suite 150
San Diego, CA 92123
Email: sds4ea@gmail.com

Thank you again for your interest in volunteering. We look forward to your participation with SPORTS for Exceptional Athletes.

Sincerely,

A handwritten signature in black ink, appearing to read "Clara Downes".

Clara Downes
Associate Director

SPECIAL PROGRAM OPPORTUNITIES IN RECREATION, TEAMWORK AND SPORTS

SPORTS for Exceptional Athletes, 8291 Aero Place, Suite 150, San Diego, CA 92123
Phone: 858-565-S4EA (7432) Fax: 858-565-7431 Email: sds4ea@gmail.com Website: www.s4ea.org



**SPORTS for Exceptional Athletes
VOLUNTEER APPLICATION**

First Name _____ Last Name _____

Volunteer Terms and Conditions:

1. I hereby acknowledge that volunteer activities may involve risk of injury or harm and that I am willing to assume this risk.
2. I understand that I may decline any volunteer role or position at any point if I feel my health may be jeopardized.
3. In consideration of my being accepted as a volunteer for SPORTS for Exceptional Athletes, I hereby release SPORTS for Exceptional Athletes and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with SPORTS for Exceptional Athletes, from any and all claims, damage, or injury that I may suffer as a result of volunteering for SPORTS for Exceptional Athletes. In addition, I hereby agree to indemnify, defend and hold SPORTS for Exceptional Athletes harmless from any and all claims for loss, damage (including attorneys' fees and costs, including, but not limited to experts and consultants' fees), liability, death, or injury to the person or property arising from or related to my volunteering for SPORTS for Exceptional Athletes.
4. I hereby authorize SPORTS for Exceptional Athletes to act on my behalf in accordance with their best judgment in case of an emergency, and agree to assume full responsibility for all medical expenses that may arise there from.
5. I hereby grant SPORTS for Exceptional Athletes, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of me. These materials may appear in any form, style, color or medium whatsoever (including photographs, videotapes, films, sound recording software, drawing, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of me shall be and remain the sole and exclusive property of SPORTS for Exceptional Athletes. I hereby release and forever discharge SPORTS for Exceptional Athletes from any and all liability and damages relating to the use of my name, voice and any other identifiable representation of me. I have agreed to the above in consideration of the opportunity given to me by SPORTS for Exceptional Athletes to appear in these materials.
6. I hereby authorize SPORTS for Exceptional Athletes to schedule and complete a personal background check, including sexual abuse and criminal history.
7. By signing this document, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosure, and that I agree with its terms.

Signature: _____ Date: _____

If under 18, Signature of Legal Guardian: _____ Date: _____

Please return completed Volunteer Application, together with the Consent for Background Check to:

SPORTS for Exceptional Athletes
 8291 Aero Place, Suite 150
 San Diego, CA 92123
 Phone: 858-565-S4EA (7432)
 Fax: 858-565-7431
 E-mail: sds4ea@gmail.com
 Website: www.s4ea.org

CONSENT FOR BACKGROUND CHECK AUTHORIZATION/WAIVER/INDEMNITY

I hereby give my full consent and permission to **SPORTS for Exceptional Athletes** in order to obtain information relating to my criminal history and any other applicable records through National Center for Safety Initiatives LLC and their agents. The records as received by the reporting agencies may include but not limited to arrest, conviction, social security verification and/or driving records as well as plea bargains, deferred adjudications, and delinquent conduct committed as a juvenile. I understand that this information will be used in part to determine my eligibility for a volunteer or staff/board position within this organization. I also understand that as long as I remain in such capacity here, the above mentioned record checks may be repeated at any time. I understand that I will have an opportunity to review the records as received by **SPORTS for Exceptional Athletes** and a procedure is available for clarification, if I dispute the records that have been received. I also understand that the records SPORTS for Exceptional Athletes received could contain information presumed expunged.

I, the undersigned, do for myself, my hires, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify National Center for Safety Initiatives LLC and **SPORTS for Exceptional Athletes**, each of their officers, directors, employees, volunteers and agents and hold them harmless from and against any and all causes and actions, including but not limited to: suits, liabilities, costs, debts, and sums of money, claims, and demands whatsoever and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to serve.

Applicants from Minnesota & Oklahoma:

Please check this box if you wish to receive a copy of a consumer report if one is obtained by the company.

Applicants from California:

By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONSENT FOR THE ABOVE RECORD CHECKS AND THAT I ACCEPT AND SIGN THIS FORM VOLUNTARILY.

Applicant's Legal Name Including First, Middle, Last Name and Suffix:

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Applicant's Aliases / Maiden Names:

Social Security Number:

Date of Birth:

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Current Address:

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City:

State:

Zip:

--	--	--

Day Time Telephone Number:

Drivers License Number:

State:

Exp. Date:

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Signature:

Date:

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Please return completed Consent for Background Check, together with the Volunteer Application to:

SPORTS for Exceptional Athletes

8291 Aero Place Suite #150

San Diego, CA 92123

Phone: 858-565-7432/Fax: 858-565-7431/E-mail: sds4ea@gmail.com /Website: www.s4ea.org

**A Summary of Your Rights
Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS CONTACT:

CRAs, creditors and others not listed below
Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580
1-877-382-4367 (Toll-Free)

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)
Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)
Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)
Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)
National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State-chartered banks that are not members of the Federal Reserve System
Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission
Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921
Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Employer (the “Company”) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment or volunteer purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment or volunteer purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment or volunteer application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment or volunteer decisions.

The source of any investigative consumer (as that term is defined under California law) will be:

National Center for Safety Initiatives
21403 Chagrin Blvd, Ste 200
Beachwood, OH 44122
(866) 833-7100

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailing shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person for your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.