



usa

building global friendship

Background Check Questionnaire and Authorization

Date Requested _____

Requester Name _____

COMPLETE NAME:		
First:	Last:	Middle:
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:

LIST OTHER NAMES USED, IF ANY:	DRIVER'S LICENSE STATE AND NUMBER:

Residence Addresses for Past 7 Years beginning with your current address:

Dates – From/To	County	Address City, State, Zip

<p>Have you ever been convicted of or pleaded guilty or nolo contendere to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of or pleaded guilty or nolo contendere to a misdemeanor (including DUI convictions)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been restrained or enjoined by a court injunction or order? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>If yes to any of the above, please describe, including dates, location (city, county, state), nature of violation, details of any injunction or court order (attach additional sheets if necessary):</p> <hr/> <hr/> <hr/> <hr/> <hr/>		

I certify that the information provided by me in this questionnaire is true and correct. I understand that any falsification, misrepresentation, misleading statement, or omission of fact will be sufficient reason for refusal to allow me to serve as a CISV volunteer. I further acknowledge and agree that this information may be used to determine my eligibility to serve as a volunteer in connection with CISV’s programs and activities.

I hereby authorize CISV USA (including its Chapters) to perform a complete background check on me, including without limitation a complete criminal record check and motor vehicle driving record check, and to perform additional background checks on me from time to time. I further authorize CISV USA to release my name, date of birth, driver’s license number, and state in which that license was granted to CISV USA’s liability insurance carrier, with the understanding that the carrier may, at its discretion, perform its own motor vehicle records check. I hereby release CISV USA and its Chapters, steering committees, officers, directors and volunteers from any claim or liability arising out of the performance of these background checks.

I further acknowledge that I have been advised of and agree to comply with CISV’s policies in connection with the use of a motor vehicle to transport CISV participants, including that any person transporting CISV participants in connection with a CISV program must:

- Be 23 years old or older*;
- Carry automobile liability insurance with minimum limits of at least \$100,000 (per accident for bodily injury and property damage) and provide proof of such insurance to CISV;
- Have a clean driving record (no serious infractions and no more than two minor infractions).

Signature: _____ Date: _____

Consumer Reports Disclosure

We are required by U.S. law – the Fair Credit Reporting Act and its amendments, 15 U.S.C §§ 1681-1681u – to notify you that CISV USA, its chapters, steering committees and/or its agents (collectively, "CISV") may request an investigative consumer report from a consumer reporting agency for the purpose of evaluating your suitability to serve as a CISV volunteer. CISV would request this report as part of our routine background check procedures.

The Fair Credit Reporting Act defines a consumer report, in part, as a report bearing on an individual's creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This includes, but is not limited to criminal and driving records, educational history, and prior employment verification. The report may contain information gathered from public or private sources. For further information you can review a document prepared by the Federal Trade Commission entitled "A Summary Of Your Rights Under The Fair Credit Reporting Act" at this link: <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>.

You have the right under the Fair Credit Reporting Act to receive from LexisNexis a description of the nature and scope of any consumer report that CISV requests. LexisNexis can be reached at 1-800-845-6004.

Authorization

I have read the foregoing Consumer Reports Disclosure and understand its contents. I hereby authorize CISV to request and obtain the above-referenced consumer report at any time prior to or during my service as a CISV volunteer.

Signature: _____

Print Name: _____

Date: _____

CISV USA Background Questionnaire

This Background Questionnaire must be completed by all adults (18 and older) who have contact with youth (under age 18) participants in CISV USA programs and by youth who serve in leadership positions at CISV USA programs.

	YES	NO
1. Have you ever been convicted of an offense involving physical or sexual abuse of a child?		
2. Is there a pending civil or criminal case or investigation against you involving an allegation of physical or sexual abuse of a child?		
3. Have you ever been terminated from a job or a volunteer position as a result of an allegation that you physically or sexually abused a child?		
4. Is there any other information about your prior history that would be relevant to your ability to work with youth in CISV USA?		

If you answered "Yes" to any of the questions above, please provide additional information below.

[sign name]

[print name]

[date]



CISV USA

Building global friendship

Sexual Abuse Prevention Policy Acknowledgement

By signing below, I acknowledge that I have read the foregoing CISV USA Sexual Abuse Prevention Policy, understand its contents, and agree to abide by its terms and conditions.

Signature

Printed Name

Date



usa

building global friendship

SMART TRAVELER ENROLLMENT PROGRAM (STEP)

For each individual delegate or delegation member traveling outside of the United States, a Smart Traveler Enrollment PROGRAM will be submitted by your Chapter Risk Manager. STEP is a service provided by the United States Department of State. Please provide the Chapter Risk Manager with a copy of your travel itinerary, the 1st pre-camp from your program, and the following information to facilitate your individual registration in the program.

Program ID: _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Gender: Male _____ Female _____

Citizenship (if other than US): _____

Passport #: _____

Issue Date: _____

Expiration Date: _____

Participant's Signature _____

Printed Name of Participant: _____

Signature of Parent (if minor): _____

Printed Name of Parent: _____

Updated 12.22.13