**[For USE WITH nON pROFIT oRGANIZATION vOLUNTEERS – Higher Education]**

**BACKGROUND INVESTIGATION DISCLOSURE AND AUTHORIZATION NOTICE**

Disclosure Regarding Background Investigation

A Non Profit Organization (“NPO”) has requested that you be permitted to volunteer at [INSERT LOCATION(S) ON CAMPUS], where certain services are performed by Aramark Educational Services, LLC or one of its parents, subsidiaries, affiliates or related entities (“Aramark”) pursuant to an agreement the NPO has with Aramark. Because NPO volunteers at [INSERT LOCATION(S) FROM ABOVE] may have access to restricted areas, may interact with members of the public, including minors and/or may be viewed as a representative of Aramark and/or [INSERT NAME OF CLIENT], all individuals seeking to serve as NPO volunteers must submit a Criminal History Disclosure Form and authorize Aramark, in its sole discretion, to perform a criminal background check. Aramark will also perform a sex offender registry check of all individuals seeking to serve as NPO volunteers at [INSERT LOCATION(S) FROM ABOVE]. If Aramark determines, based on the information provided and/or the results of any background check it conducts, that granting access to the individual would present an unreasonable risk, then access will not be granted and the individual, as well as the NPO, will be advised that the individual cannot serve as an NPO volunteer at [INSERT LOCATION(S) FROM ABOVE].

This Background Investigation Disclosure and Authorization Notice is to inform you that Aramark may obtain a consumer report or an investigative consumer report. Such a report may include information obtained through criminal background checks, motor vehicle driving record checks and verification of information you have provided to Aramark. The report will be used solely to determine whether you will be permitted to serve as an NPO volunteer at [INSERT LOCATION(S) FROM ABOVE]. This determination will have no impact on your ability to attend any games or other events at [INSERT LOCATION(S) FROM ABOVE] as a patron or guest. Aramark is obtaining a consumer report or an investigative consumer report on you solely because you seek to serve as an NPO volunteer at [INSERT LOCATION(S) FROM ABOVE]. Aramark’s performance of a background investigation is not intended and should not be construed to create a relationship of any kind (including, but not limited to, an employment or agency relationship) between you and Aramark.

Please be advised that you have the right, within a reasonable period of time after receipt of this Notice, to request in writing that we make a complete and accurate disclosure of the nature and scope of the investigation requested by us and provide a summary of your rights under the Fair Credit Reporting Act.

This authorization will remain in effect and serve as continuing authorization for Aramark to obtain a consumer report or an investigative consumer report on you any time Aramark is asked to permit you to serve as an NPO volunteer at [INSERT LOCATION(S) FROM ABOVE] during [INSERT CURRENT ONE-YEAR TERM OF THE AGREEMENT].

Authorization of Background Investigation

I have reviewed the information provided above regarding the background investigation Aramark may conduct, and I authorize Aramark, its employees, representatives and agents to investigate my background and to obtain a consumer report and/or an investigative consumer report for the purposes described above now and, if applicable, at any time during [INSERT CURRENT ONE-YEAR TERM OF THE AGREEMENT] that Aramark is asked to permit me to serve as an NPO volunteer at [INSERT LOCATION(S) FROM ABOVE].

I further authorize, without reservation, any person, entity or agency (including, but not limited to, criminal justice agencies, courts, sex offender registries, departments of motor vehicles, licensing agencies and credit reporting agencies) contacted by Aramark, its employees, representatives and agents to furnish information about me that is required in connection with the preparation of a consumer report and/or an investigative consumer report.

I understand that information contained in a consumer report and/or an investigative consumer report may be used by Aramark to make decisions regarding my eligibility to serve as an NPO volunteer at [INSERT LOCATION(S) FROM ABOVE], in accordance with applicable law. I also understand and agree that Aramark may share the information contained in a consumer report and/or an investigative consumer report with the NPO for which I seek to volunteer and with any Aramark client associated with [INSERT LOCATION(S) FROM ABOVE].

I understand that in order for Aramark to obtain a consumer report and/or an investigative consumer report, I must provide the information that is requested below. I understand that my birth date is needed to process my background investigation and that my birth date is intended to be used solely for purposes of the background investigation and not for any other purposes.

I authorize that a facsimile or photocopy of this authorization be accepted with the same authority as the original.

|  |
| --- |
| **Print Full Legal Name*:*** |
|       |       |       |

 *(First name) (Middle name) (Last name)*

|  |
| --- |
| **Other Names Used**  |
|       |       |       |

 *(First name) (Middle name) (Last name)*

|  |
| --- |
| **Date of Birth:** |
|      /     / |

  *(mm/dd/yyyy)*

|  |
| --- |
| **List All Addresses Where You Have Lived For the Past Two (2) Years:** |
| **Address 1 (Current Address)** |
|       |       |       |       |

 *(Street) (City) (State) (Zip Code)*

|  |
| --- |
| **Address 2** |
|       |       |       |       |

 *(Street) (City) (State) (Zip Code)*

|  |
| --- |
| **Address 3** |
|       |       |       |       |

 *(Street) (City) (State) (Zip Code)*

|  |
| --- |
| **Address 4** |
|       |       |       |       |

 *(Street) (City) (State) (Zip Code)*

|  |
| --- |
| **Address 5** |
|       |       |       |       |

 *(Street) (City) (State) (Zip Code)*

|  |
| --- |
| **Address 6** |
|       |       |       |       |

 *(Street) (City) (State) (Zip Code)*

|  |
| --- |
| **Address 7** |
|       |       |       |       |

 *(Street) (City) (State) (Zip Code)*

|  |
| --- |
| **Address 8** |
|       |       |       |       |

 *(Street) (City) (State) (Zip Code)*

|  |
| --- |
| **Non Profit Organization For Which You Seek to Volunteer at** [INSERT LOCATION(S) FROM ABOVE]**:** |
|  |

By signing below, I certify that I have read, understand and consent to Aramark obtaining a consumer report and/or an investigative consumer report as described above. I further certify that the information I have provided above is true, complete and correct.

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

**[CONTINUED ON NEXT PAGE]**

**STATE LAW NOTICES**

**CALIFORNIA, MINNESOTA AND OKLAHOMA: For individuals seeking to volunteer in California\*, Minnesota, or Oklahoma**

Unless a different consumer reporting agency is identified below, a consumer report will be obtained through Truescreen, P.O. Box 130,

Southampton, PA 18966; 1-800-260-1680; www.truescreen.com

□ A different consumer reporting agency will be used:

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ By checking this box, I am indicating that I would like to receive a copy of any consumer report and/or investigative consumer report that is prepared in reliance on this Background Investigation Disclosure and Authorization Notice.

\***California**: If you choose to receive a copy of the consumer report, it will be sent within three (3) days of Aramark receiving a copy of the consumer report and you will receive a copy of any investigative consumer report within seven (7) days of Aramark’s receipt of the report. **A copy of the California Investigative Reporting Agencies Act Summary of Section 1786.22 of the** **California Civil Code will be provided along with this Background Investigation Disclosure and Authorization Notice.**

**MAINE: For individuals seeking to volunteer in Maine**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five (5) business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

**MASSACHUSETTS: For individuals seeking to volunteer in Massachusetts**

Unless a different consumer reporting agency is identified below, a consumer report will be obtained through Truescreen, P.O. Box 130,

Southampton, PA 18966; 1-800-260-1680

□ A different consumer reporting agency will be used:

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a consumer report is obtained, you have the right to request a copy of the report from the consumer reporting agency identified above.

**NEW YORK: For individuals seeking to volunteer in New York**

You have the right, upon written request, to be informed whether or not a consumer report was requested, and if such a report was requested,

the name and address of the consumer reporting agency furnishing the report**. A copy of Article 23-A of the New York Correction Law will**

**be provided along with this Background Investigation Disclosure and Authorization Notice.**

**WASHINGTON: For individuals seeking to volunteer in Washington**

Unless a different consumer reporting agency is identified below, a consumer report will be obtained through Truescreen, P.O. Box 130,

Southampton, PA 18966; 1-800-260-1680

□ A different consumer reporting agency will be used:

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigative Consumer Report:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.