

IF YOU AND/OR YOUR GROUP ARE DELIVERING MEALS Please read and complete this form. Be sure to complete the entire form. Each individual age 18 and older must submit a completed form.

Notice to Applicant Regarding Background Check

In order to safeguard those we serve, the Detroit Area Agency on Aging will acquire consumer reports on you. The Detroit Area Agency on Aging may obtain additional consumer reports at any time during your service as a Detroit Area Agency on Aging volunteer in order to evaluate your continued suitability for volunteer service. The Detroit Area Agency on Aging has contracted with the **Michigan State Police** and will use their **iChat database** to obtain the consumer reports. The **Michigan State Police** may be contacted by mail at **Michigan State Police, Criminal Justice Information Center, Attn: ICHAT, P.O. Box 3063, Lansing, MI, 48909**. The types of information that may be obtained include, but are not limited to state police records. The consumer reports will not include credit record checks.

The nature and scope of consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to the Michigan State Police at the address listed above.

Applicant's Acknowledgement and Authorization

I have carefully read this notice and authorization form and I hereby authorize the Detroit Area Agency on Aging to acquire a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility to volunteer with programs at the Detroit Area Agency on Aging. I also understand that as long as I continue to volunteer with the Detroit Area Agency on Aging, my consumer reports may be procured at any time and will be procured at least every 5 years. I understand that if the Detroit Area Agency on Aging chooses not to accept my application or must revoke my participation, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the Michigan State Police from whom my records came. I agree that a facsimile (fax), electronic or photographic copy of this authorization shall be as valid as the original.

I hereby authorize without reservation, any party or agency contracted by this agency to furnish the above mentioned information.

Please Print

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Phone Number: _____ **Email Address:** _____

For identification purposes: (as required by the state of Michigan)

Date of Birth: Month _____ Day _____ Year _____ **Gender:** _____

Race (Please circle one): African American, American Indian/Alaskan Native, Asian, White, Unknown/Other

Other former names (first and last): _____

Signature _____ **Date** _____

REV 6/25/14