



Consent and Waiver Release Form

All fields are required. Missing information will delay the processing of this form.

Applicant's Name (printed) First: _____ MI: _____ Last: _____

Mother's Maiden Name: (Puerto Rico residents only) _____

Present Street Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Club Name: _____ Home Phone: _____

Email: _____ Work Phone: _____

SSN: _____ US Visa Number: _____ Cell Phone: _____
(Do not leave blank. If no SSN, write "no SSN") (if applicable)

BACKGROUND SCREEN RELEASE: I hereby release and hold harmless USA Volleyball (USAV), the Regional Volleyball Associations (RVAs), their employees and agents, from any liability resulting from a background screen, including the specifics listed below.

I, _____ (*Applicant*), authorize and give consent for the above named organization to obtain information regarding myself. This includes the following: Social Security Number Verification, Criminal background records/information, Driver's license check, and Addresses.

I, the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my employment and/or volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

I understand that it is the policy of this organization that any member who USAV/RVAs formally authorizes, approves, or appoints (a) to a position of authority over, or (b) to have frequent contact with athletes, where the NGB/RVA has control over the appointment process in any capacity, shall submit to a background screen immediately upon application for registration and every second season thereafter as long as that individual is a registered member. Examples of such positions subject to background screening include, but are not limited to, supervisory personnel, club directors, team representatives, coaches, chaperones and trainers, officials, junior tournament directors, junior tournament site directors, and on site junior tournament administrators;/managers.

Further, I understand that I have the right to review and dispute the accuracy of the background screening findings directly with the approved vendor and understand that I have the right to request a hearing to appeal a disqualification based on USAV's hearing procedures which can be found at www.teamusa.org/usa-volleyball/about-us/governance.

USAV and the RVAs retain the right to require additional background screens at any time.

Print Name: _____ Date: _____

Signature: _____

DISQUALIFIERS: I understand that disqualification from all junior events and/or activities will result (subject to the right to request a hearing) if I have been found guilty, pled guilty; or pled nolo contendere (no contest) regardless of adjudication or received court directed programs and/or other sentencing directives in lieu of a finding of guilt, for the following criminal offenses: All Sex offenses, Murder, and Homicide regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offenses in the past 7 years; any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any other crimes (not listed) against children in the past 7 years (the time frames associated with the categories of crime listed above are calculated based on the date of the offense).

Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require the applicant to resubmit for a Background Screen clearance before further participating in junior events and/or activities.

Falsification of any information on any registration application or this form is grounds for membership revocation or restriction of membership. A conviction or falsification of information that results in a failed background screen forfeits all fees paid with my registration application.

By signing the Background Screen Consent form, I agree to report to the Regional Volleyball Association any convictions for offenses found in the Automatic Disqualifier list that may occur between this background screen and the next mandatory screen for USA Volleyball.

Print Name: _____ Date: _____

Signature: _____

NOTICE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW

USA Volleyball and its affiliated regions, the "Organization", intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" obtained for employment 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 Organization may investigate the information contained in your employment 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 decisions. The source of any investigative consumer report (as that term is defined under California law) will be **NCSI; 1853 Piedmont Road Suite 100, Marietta, GA 30066; tel. # 866-996-7412; www.solutions.ncsisafe.com** . The Organization 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 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, if you have made a written request, with proper identification, for 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 mailings 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 account 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 a 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 of 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.

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Organization whenever you have a right to receive such a copy under California law.

I acknowledge receipt of the NOTICE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW and certify that I have read and understand this document.

Signature

Name (Print)

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

USA Volleyball and its affiliated regions, the "Organization," may obtain information about you from a third-party consumer reporting agency for participation purposes. A consumer report is a compilation of information that might affect your ability to participate with the Organization. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history (including income), or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by the National Center for Safety Initiatives (NCSI); 1853 Piedmont Road Suite 100, Marietta, GA 30066; tel. # 866-996-7412; www.solutions.ncsisafe.com. To the extent permitted by law, USA Volleyball and its affiliates may obtain consumer reports from any outside organization throughout the course of your participation.

Acknowledgement and Authorization

I have carefully read and understand the Disclosure regarding procurement of consumer reports provided by USA Volleyball, its affiliated Regions and this Authorization to obtain a consumer report. A consumer report is a compilation of information that might affect your ability to participate with the USA Volleyball. By my signature below, I hereby consent to the preparation by the National Center for Safety Initiatives (NCSI), a consumer reporting agency located at 1853 Piedmont Road Suite 100, Marietta, GA 30066; tel. #866-996-7412; www.solutions.ncsisafe.com, of background reports regarding me and the release of such reports to USA Volleyball and its designated representatives, to assist them in making a participation decision involving me at any time after receipt of this authorization and throughout my participation engagement, to the extent permitted by law.

By my signature below (including electronic), I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to NCSI and/or USA Volleyball itself and authorize NCSI to provide such information to USA Volleyball. I further certify the information provided on and in connection with this form is true, accurate and complete. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original. I acknowledge receipt of a copy of the Consumer Financial Protection Bureau’s “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.”

Applicant Name (First, Full Middle, Last)

XXX-XX- _____
Social Security Number (Last 4 digits only)

_____/_____/XXXX
Date of Birth (Month/Day Only)

Applicant Signature

Today’s Date

Please check the box to the left if you would like USA Volleyball to provide you with a copy of your report. For a paper copy, contact NCSI at 866-996-7412 or support@ncsisafe.com.