



Long Term Volunteer Staff Application Packet

Thank you for your interest in volunteering at Holden Village. This packet includes the following: the General Application, Volunteer Staff Covenant, Health and Wellness Form, Disclosure & Authorization for Consumer Reports Form, and Reference Form. The Reference Form is also available at www.holdenvillage.org/volunteer. Before applying, please read the "Interested in Volunteering" document found on our website. The website also lists positions.

If you are applying with your family for summer short-term staff, please see the "Family Volunteers" page on our website (www.holdenvillage.org/volunteer/family-option/). There is a separate application for families there. If you are applying with your family during the school year, email the Staffing Office (staffing@holdenvillage.org) for instructions.

For confidentiality and regulatory compliance, we ask that you email your Health and Wellness Form directly to medic@holdenvillage.org OR mail it to Holden Village Medic, HC 0 Box 2, Chelan, WA 98816.

Send all remaining forms to staffing@holdenvillage.org OR to Holden Village Staffing, HC 0 Box 2, Chelan, WA 98816.

Once we have received all of your application materials (including references), we will notify you that your application is complete. Applications are processed by staff coordinators and a committee and may include a phone interview. It normally takes 3-4 weeks for a decision to be made, but it may take several months. If you have any questions, concerns or would like to check-in about your application, please contact us via email any time during the application process.

General Application

1. **Name:** _____
FIRST MIDDLE LAST

Preferred Name/Nickname: _____ **Gender:** _____

Please check your Gender Pronouns: she/her/hers he/him/his they/them/theirs other _____
(Unless otherwise noted, this preference will be posted on the staff board)

Birthdate: _____ **Age:** _____ **Faith Affiliation (optional):** _____

Current Address (We will send all information to this address unless you indicate otherwise):

STREET CITY STATE ZIP CODE

Permanent Address:

STREET CITY STATE ZIP CODE

Email Address: _____ **Phone:** () _____

2. **Dates Available:** (give range if possible) **Arrival:** _____ **Departure:** _____

Are your dates flexible? Check Yes or No **Why or Why not?** _____

3. **Have you ever been to Holden Village?** Check Yes or No

If yes, in what capacity? (check all that apply): Volunteer Teaching Faculty Guest Other: _____

If you have been on staff before, when and in what position(s)? _____

How did you find out about Holden Village? _____

What or who prompted you to apply now? _____

4. **Work Areas:** Look on the website for up-to-date information on positions and job descriptions.

Top three positions, regardless of start dates and availability:

1. _____ 2. _____ 3. _____

Top three positions with regard to listed opening dates (if different from above):

1. _____ 2. _____ 3. _____

5. **Work and Educational Experience:**

Certifications

- Heavy equipment operator
Type: _____
- CDL, Class _____
Endorsements _____
- Mechanic
- Medical Professional, State: _____
Type: _____
- EMT, Exp. Date: _____
- Lifeguard, Exp. Date: _____
- WFR, Exp. Date: _____
- Food Handler's Card, State: _____
Exp. Date: _____
- Teaching Certification, Ages: _____
Subject: _____
- Other: _____

Relevant Operations Experience

- Logging (chainsaw)
- Electrical
- Carpentry
- Plumbing
- Heating, Ventilation, Refrigeration
- Water Treatment Systems
- Painting (interior or exterior)
- Firefighting
- Landscaping
- Other: _____

Relevant Worship Experience

- Vocal Musician
- Instrumental Musician,
Instrument(s): _____
- Other: _____

Relevant Program Experience

- Weaving
- Art or Crafts, Media: _____
- Ceramics
- Outdoor Education/Naturalist
- Children/Youth Work, Ages _____
- Multi-Media/AV Equipment
- Group Class Leader/Teacher
- Event Planning
- Cooking/Baking
- Special Diet Cooking (i.e. Gluten Free, Vegan)
- Customer Service
- Money Handling
- QuickBooks Experience
- Comfortable using computers
- Volunteer Supervision/Management
- Ability to lift at least 25 lbs
- Ability to stand for at least 6 hours

6. **Essay Questions: Please attach a separate sheet or document.**

If you are applying for a long-term staff volunteer (1 year or more) please answer questions a-j.

If you are applying as a family with children please answer questions a-l.

- a. Why do you want to join the Holden volunteer staff *and* the Village community?
- b. Describe your gifts, experiences, skills and qualifications for the work area choices listed in number 4 above.
- c. All staff have a role in hospitality. What is your understanding of hospitality? How do you see yourself in this role?
- d. How do you see your particular gifts contributing to Village life, and what do you think you will gain from your time here?
- e. Pick one of the core values from the mission and vision statement and discuss your connection to it.
- f. How might you be challenged living in a remote location and a community that is continually changing and reshaping itself? What may be some advantages? What adjustments do you feel you would need to make in order to live and work in the Holden community?
- g. Describe your leadership style and skills, including how you envision leading groups of diverse volunteers and how you organize your times and tasks. Please provide examples.
- h. What are the primary reasons you would like to give a year of volunteer service at Holden Village and what makes this the right time for you?
- i. What are some of the spiritual, work, and personal issues coming up in your life right now?
- j. What are your hopes and plans for life after a year of service?

- k. How do you see your family transitioning to life at Holden? Describe possible challenges for your family.
- l. How do you envision your child(ren) at our remote and small Holden School? Please describe any special educational needs. (Special education needs that are provided by the school district are not available on site.)

7. **Resume:** Please attach a current resume of work and education.

8. **Criminal History:** Have you been convicted, pled guilty or no contest, or forfeited bond or collateral on a felony or misdemeanor in the last 10 years? **Check** **Yes** or **No**. If yes, please list all crimes and attach an explanation. (Do not include convictions for which the record has been sealed, expunged or eradicated.) A criminal history will not necessarily limit your invitation as a volunteer staff member. We will consider the nature of the crime, nature of the job, length of time since the crime, and evidence of rehabilitation.

9. **References:** Your application is complete only when the required reference(s) arrive. *References should not be close relatives or significant others.* The Reference Form is available on the short-term volunteer page of the website: www.holdenvillage.org/volunteer/short-term-volunteers/.

If you are applying for **long-term volunteer staff** (1 year or more), we require **3 references**, including one from a *current or former employer*. Only one can be from someone currently in the Village.

If you are applying as a **family with children**, include a letter of introduction for each of your children in your own application AND a letter for each child from a non-family member.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

You may decide if you wish to have access to this information or not by checking a box below and signing.

I waive my right to view this reference

I do *not* waive my right to view this reference

SIGNATURE

10. Families and Long-Term applicants: **Please attach a current portrait of you or your family.** (This is not required to make your application complete, but it helps us begin putting a face with the name on your application.)

Holden Village: Vision, Mission, and Core Values

The Vision of Holden Village is the love of God making new the church and world through the cross of Jesus Christ.

The Mission of Holden Village, a Lutheran ministry, is to welcome all people into the wilderness to be called, equipped and sent by God as we share rhythms of

- Word and sacrament
- work, recreation and study
- intercession and healing.

Holden Village Core Values WORSHIP: We are grounded and united in daily Gospel-centered worship. **THEOLOGY:** We interpret Word, sacrament, and daily life through the Lutheran theology of the cross. **HOSPITALITY:** We offer lavish hospitality to all. **VOCATION:** We believe that God calls all persons to love and serve God and neighbor. **DIVERSITY:** We celebrate the unity and diversity of all God's children. **GRACE:** We offer ourselves to one another in mutual forgiveness, conversation and respect. **SHALOM:** We trust God's mercy as we pray and work for justice and peace. **ECOLOGY:** We celebrate and seek to serve creation's wellbeing through faithful patterns of daily living. **GIFTS:** We express gratitude to God for extravagant gifts of creativity, imagination and ingenuity in all who volunteer. **STUDY:** We value critical thinking, provocative discussion, and the integration of learning and experience. **REST:** We embrace God's gift of sabbath by offering refreshment to those who are weary. **PLACE:** We commit to be grateful stewards of the surprising gift of Holden Village and its place in the wilderness. **COMMUNITY:** We believe that the Holden community includes all who care for Holden through their labor, gifts and prayers. **HILARITY:** We love that holy hilarity returns us to the joy and freedom of the Gospel, which alone overcomes all our lapses of mission, strategies, goals, garbology, dishteam, work, and relationships.

Holden Village Volunteer Staff Covenant

- **WORSHIP** - calls us to our purpose and identity as a community. As Villagers, we all agree to the discipline of attending daily worship.
- **HOSPITALITY** - Whatever one's position on staff, one of our primary ministries is hospitality to all people who step off the bus and into life at Holden. This includes sharing meals with strangers, engaging in conversation, and reaching out to one another through a kind word or deed.
- **VOLUNTEER WORK and VILLAGE RESPONSIBILITIES** – Our volunteer service is a combination of the positions we fill in the Village as well as the additional roles that contribute to our common life together.
 - Positions are assigned prior to arrival and based on your preferences and the needs of the Village (approx. 36hrs/week). Flexibility is important both for you and for the Village; the lead staff person will coordinate your weekly schedule and you may be asked to shift positions to respond as needs in the Village change.
 - All volunteers serve in a variety of roles supporting common Village life (approx. 4 hrs/week). This includes dish team, garbology, and stoking rotations (in the winter), as well as additional roles, such as first response team, fire brigade, assisting at the Holden school, helping with worship, store inventory, etc. Position responsibilities and activities are to be scheduled around these tasks.
- **STAFF MEETINGS** - The entire Holden staff meets to introduce newly arrived volunteers, say goodbye to departing ones, discuss important issues, and share information relevant to life in the Village. Volunteers are expected to attend all staff meetings during their stay at Holden.
- **VILLAGE SAFETY** - All volunteer staff members are expected to participate in maintaining a safe environment, to follow Village safety policies, and abide by the law while on staff:
 - No drinking to excess, drunkenness, or binge drinking.
 - No drinking of alcohol by persons under 21.
 - No provision of alcohol to anyone under 21.
 - No use or possession of illegal drugs (including marijuana).
 - No possession or use of firearms, including those for hunting purposes.
 - No harassment and/or assault of any staff member or guest.
 - All staff members must be ready to respond in emergency situations.

Violation of any of the above is reason for immediate dismissal from the Village.

I have read and understand Holden's mission and the volunteer staff covenant. I understand that I am a volunteer member of the staff; and that no term as a volunteer is guaranteed. In order to maintain the staffing flexibility that is essential to the successful management of the Village, as well as to protect the options of each volunteer, it is understood that either Holden or the volunteer may terminate the volunteer status at any time before the agreed upon departure date.

PRINT NAME

SIGNATURE

DATE

Send this form directly to the Holden Medic at medic@holdenvillage.org or Holden Medic, HC 0 Box 2, Chelan WA 98816

Health and Wellness Form

Today's Date: _____

Desired dates in Village: _____

About Holden Village

Holden Village is located in the wilderness and we are neither prepared nor equipped to provide ongoing primary health care. We make every effort to have a medic available for first aid/emergency care, but there may not always be licensed medical personnel onsite. Prompt evacuation is not always possible. Careful planning and prevention on your part is necessary: Holden Village is at least 4 hours and in the winter up to 4 days from emergency medical care.

About This Form

Holden Village asks about certain health issues out of respect for the needs of each individual and for the needs of the Village. Past medical history (with physical and/or mental health concerns) does not restrict you from volunteering; however, your openness to discussing these issues helps Holden know how to best address any health concerns that may arise if you reside in the Village. We ask these questions so that we can understand your needs and so that you can learn about the support Holden is able to offer you and what is beyond our ability to support. Please complete this form with honesty and accuracy, to the best of your knowledge. This form will only be shared with the Holden Village Medic or Medical Director, who will give their recommendation to the Staffing Committee if deemed necessary. Please use an additional sheet if you need extra space to write. If you have any questions, please contact Holden's Medic at: medic@holdenvillage.org.

Name:	Birthdate:
Email:	Phone:
Emergency Contact:	Relationship:
Email:	Phone:

Please carefully fill out all sections of this form

Current Health Status

Holden Village is committed to promoting the health of all members of our society; thus we practice public health measures and the science of health and wellness. As a part of this commitment, we require a record of immunization, currently including tetanus, COVID-19 (for volunteers and employees above age 18), and measles, mumps and rubella (MMR).

Date of last tetanus shot: _____ You **MUST** have had one in the last **ten** years before coming to Holden. *If you will be here between October 15th and May 1st, you must have had one in the last **five** years*.*

Immunizations:

Have you ever been vaccinated for COVID-19? Circle **Yes** or **No**

IF YES please list the vaccine name (ie .Moderna) and dates of doses

Have you ever been vaccinated for measles, mumps & rubella (MMR)? Circle **Yes** or **No**

If you have not been vaccinated for MMR, have you had MMR? Circle **Yes** or **No**

Have you ever been vaccinated for chicken pox? Circle **Yes** or **No**

If you have not been vaccinated for chicken pox, have you had chicken pox? Circle **Yes** or **No**

**Holden Village Tetanus Prevention: Tetanus boosters are normally advised every 10 years. However, if one has a risk injury such as stepping on a nail or getting a deep sliver, the recommendation is to get another booster within 72 hours of the injury if it has been more than 5 years since the last booster. Due to Holden's remote location it may not be possible to get to a doctor within 72 hours and 2-4 days would need to be spent out of the Village. Because of this, Holden requests that those who will be volunteering when the boat does not run on a daily basis (October 15 – May 1), get tetanus or Tdap boosters every 5 years.*

Allergies:

Have you ever had a systemic allergic reaction to bee stings, food, or medicine? Circle **Yes** or **No**

If yes, what was the precipitating substance and reaction?

What was the treatment?

If you have **severe** allergies, please bring your own **EpiPen** or **Bee Sting Kit**.

Send this form directly to the Holden Medic at medic@holdenvillage.org or Holden Medic, HC 0 Box 2, Chelan WA 98816

Briefly describe your general state of health as you perceive it:

What medications are you currently taking? For what reason?

Health History: Please check below all which are relevant to your health history.

- | | | |
|--|---|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression | <input type="checkbox"/> Migraine/other headaches |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sleep Issues |
| <input type="checkbox"/> Asthma/COPD | <input type="checkbox"/> GI issues | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood pressure issues | <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hospitalization(s) | |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Low blood sugar | |

If you checked any of the above, explain below:

Mental Health History

Have you ever had individual, family or group counseling/treatment for personal growth or for emotional/psychological concerns? Please comment on your reasons for counseling/treatment, any medication prescribed, length of the treatment, and impact of treatment.

Have you ever received a mental health diagnosis from a mental health professional (such as, but not limited to: depression, anxiety, schizophrenia)? Please explain:

Have you ever experienced suicidal ideation? Please explain:

If you answered, "yes" to any of the above questions, what plans would you have for self-care and treatment while volunteering in the Village?

Sometimes the Holden medic or directors ask volunteers to seek counseling if they display unhealthy behavior or if their behavior negatively affects work or community life. How would you respond if asked to seek counseling?

I understand the remote nature of Holden Village and its limitation to medical care. I release this information to be used by Holden Village as needed to ensure safety.

SIGNATURE

PRINTED NAME

DATE

Holden Village Reference Form

Name of Applicant: _____

The above applicant is interested in serving as a member of the volunteer staff at Holden Village. Your honest responses to these questions will help us in being sensitive to the applicant's abilities and needs, making work assignments, and trying to make their experience a rewarding one. We appreciate your help in providing an assessment of the applicant. The applicant had the option to waive their right to view the reference on their application. If you are interested in whether or not the applicant can have access to this, please contact the Staff Coordinator at staffing@holdenvillage.org.

Holden Village is a Lutheran retreat center located in the North Cascades in Washington. Holden's mission is to welcome into the wilderness all people who seek contemplation and community. Holden invites people of all ages and backgrounds to come and experience our rhythms of education, programming, and worship. Volunteers support and take place in these rhythms, doing work ranging from landscaping to cooking to child care. We expect volunteers to come prepared to share their gifts and energies in this ministry of hospitality and service. All staff commit to attending daily worship, serving in a work position supporting the operation of the Village, and living within safety policies. See our website at www.holdenvillage.org for more information.

Please complete the questions below and on the reverse side (feel free to use additional pages) and return to:

Holden Village Staffing, HC 0 Box 2, Chelan, WA 98816

or email as an attachment to: staffing@holdenvillage.org

Thank you for taking the time to fill out this reference form. We may contact you if we have any additional questions.

Name: _____

Phone: _____ **Email:** _____

How long have you known the applicant? _____

In what capacity? _____

Have you been to Holden Village? Check Yes or No **When?** _____

If yes, in what capacity? (check all that apply): Volunteer Teaching Faculty Guest Other: _____

1. Describe the applicant. What things stand out to you most about this person?

2. What are a couple of the applicant's strengths and weaknesses?

3. Please comment on the applicant's level of responsibility and dependability.

4. Please comment on the applicant's ability to work independently and take initiative.

5. Please comment on the applicant's ability to work with others and take direction from a supervisor.

6. Do you see the applicant as a leader? Please give examples of their leadership style and experience.

7. How well does the applicant interact with persons of diverse opinions and backgrounds? Is the applicant understanding of other's viewpoints and able to relate to people of varying ages and backgrounds?

8. (optional) What do you feel this person would contribute as a member of a Christian community? What would they gain?

9. Please describe any notable abilities, interests, skills or experiences of the applicant. Also describe any reservations you may have. Additional comments are welcome.

SIGNATURE

DATE



DISCLOSURE & AUTHORIZATION FOR CONSUMER REPORTS

Please read the following statements carefully.

In connection with my application for employment (including contract or volunteer services) with **Holden Village** ("Company"), I understand consumer reports will be requested by Quick Search ("Agency"). These reports may include names and dates of previous employers, reason for termination of employment, work experience, educational history, accidents, licensure, credit reports, etc., as applicable and allowed by law. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal and civil records, etc., from government and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers, past or current associates of mine, etc.) to gather information regarding my work, character, general reputation, and personal characteristics, and professional or educational qualifications may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization: I hereby authorize procurement of consumer and investigative report(s) by Company from Agency. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Quick Search ("Agency"), 10100 North Central Expressway, Suite 400, Dallas, TX 75231, telephone number 877-937-6242, ext. 3131, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.quicksius.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. *Check here:*

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices (by appointment only), which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the FCRA Summary of Rights ____ (initials).
APPLICANT SIGNATURE: _____ DATE: ____/____/_____
PRINTED NAME: _____
Form not valid unless signed and initialed. Page 2 must be filled out for investigative purposes.



DISCLOSURE & AUTHORIZATION FOR CONSUMER REPORTS

Please read the following statements carefully.

TO BE COMPLETED BY APPLICANT																									
The Following Information Is True And Correct To The Best Of My Knowledge And Is Used For Identification And Investigative Purposes Only. PLEASE USE AN INK PEN AND PRINT CLEARLY. USE "UPPER CASE" LETTERS. ONE LETTER PER BLOCK.																									
Self	Last Name																								
	First Name																								
	Middle Name																								
	Previous Name 1																								
	Previous Name 2																								
	Previous Name 3																								
	Date of Birth																								
	SS# Number																								
	Driver's License Number																								
	Cell Phone																								
	Home Phone																								
Email Address																									
RESIDENTIAL ADDRESS (PLEASE FILL IN BELOW)																									
Current	Street Address																								
	City / State / Zip																								
Former	Street Address																								
	City / State / Zip																								

The above information is hereby sworn to be true and accurate to the best of my knowledge. I understand that I may be contacted by Quick Search to clarify any and all information provided. I understand that my information is confidential as per the Quick Search Privacy Policy and is gathered on this form solely for investigative purposes. **I affirm these statements by initialing here _____.**



DISCLOSURE & AUTHORIZATION FOR CONSUMER REPORTS

Please read the following statements carefully.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.



DISCLOSURE & AUTHORIZATION FOR CONSUMER REPORTS

Please read the following statements carefully.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:



**DISCLOSURE & AUTHORIZATION
FOR CONSUMER REPORTS**
Please read the following statements carefully.

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>



**DISCLOSURE & AUTHORIZATION
FOR CONSUMER REPORTS**
Please read the following statements carefully.

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

Federal Trade Commission
Consumer Response Center
600 Pennsylvania Avenue, N.W.
Washington, DC 20580
(877) 382-4357