



135 W. Villard St.
 PO Box 542
 Dickinson, ND 58602-0542
 701-483-8615, 877-877-8685
 Fax: 701-483-8616

mark@bestfriendsnd.org
 www.bestfriendsnd.org

SENIOR FRIEND APPLICATION FORM

Date: _____

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail Address: _____

Date of Birth _____ Sex: M _____ F _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____ Phone #: _____

MENTORING INFORMATION

Which mentoring program(s) are you interested in:

- School** -Mentoring a child at his or her school during the school/work day.
- Community** -Mentoring a child in the community setting outside of school/work time.

Age preference: _____ What times/days can you meet with your mentee? _____

EMPLOYMENT

Are you presently employed? Yes: _____ No: _____ Occupation: _____

Employer: _____ Address: _____

Business phone: _____ May we contact you at work? Yes: _____ No: _____

Length of employment there: _____ Work hours and days: _____

Previous work experience: (List employment history or attach a resume): _____

VOLUNTEER EXPERIENCE (List employment history or attach a resume):

Place	Type of Work	Dates	Supervisor

Experience with children 6 to 16 years _____

EDUCATION

Level completed: _____ Major subject area(s): _____

Are you currently a student? Yes: _____ No: _____ Full time: _____ Part time: _____

Name of school currently attending: _____

SPECIAL SKILLS AND TRAINING

For example: Public speaking, laws, cars, auto mechanics, writing, recreation, hobbies, crafts, sports/extreme sports, special events, special education areas, etc.:

COMMUNITY INVOLVEMENT

Organizations you belong to and leadership roles:

REFERENCE INFORMATION

Please list five people (*not related to you*) who we may contact as references:

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I understand that my name will be added to the mailing list of volunteers making a difference in our community. The list is maintained at Western Wellness Foundation and the Best Friends Mentoring Program and not sold or released.

APPLICANT'S SIGNATURE

DATE

How did you hear about mentoring opportunities through the Best Friends Mentoring Program?

(please check all that apply to you)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Guest speaker at work/school |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Friend/Co-worker | <input type="checkbox"/> Counselor/Social Worker, etc. |
| <input type="checkbox"/> RSVP | <input type="checkbox"/> School referral (DPS, DCS, DSU) | |
| Other (please specify) _____ | | |

RELEASE OF INFORMATION AUTHORIZATION

Please **Print** Neatly

NAME: _____	
Date of Birth: _____	Social Security Number: _____
DRIVER'S LICENSE: ISSUING STATE _____ # _____	
CURRENT ADDRESS (include city, state & zip): _____ _____ _____	

Residences the past 7 years (zip code or city & state): _____

Former names, aliases, maiden name(s), etc.: _____

I have been convicted of a crime: _____ **yes** _____ **no**

If Yes, provide offense(s), date(s) and location(s): _____

Western Wellness Foundation, Inc. is hereby authorized to conduct background investigations, including law enforcement and protective services investigations, concerning myself and relating to the Best Friends Mentoring Program and any of its programs, events or activities.

I attest that the statements answered on this application are full and true to the best of my knowledge. Because I understand it will be necessary for Western Wellness Foundation, Inc. to investigate my background and to check my character references, I give my consent for this information exchange and authorize such agencies (including, but not limited to County Social Service offices, Law Enforcement agencies and any person associated with these agencies) to release any information requested by Western Wellness Foundation, Inc. and/or the Best Friends Mentoring Program. Further, I have completed and signed the attached *Disclosure and Authorization for Consumer Reports*.

I understand that copies of consumer reports and investigative consumer reports as well as information revealed in the background investigations or reference interviews may be released to Dickinson State University, Dickinson Public Schools, Dickinson Catholic Schools, or other entities with which the Program has a relationship. *I hereby release from liability and hold harmless all persons and corporations supplying this information to Western Wellness Foundation, Inc. and its agents. A photocopy or facsimile (fax) of this authorization is as effective as the original.*

Signature of Applicant

Date

Return to: **Western Wellness Foundation, Inc. & Best Friends Mentoring Program**
135 W. Villard St. or PO Box 542
Dickinson, ND 58602-0542
(701) 483-8615 fax (701) 483-8616
1-877-877-8685 (toll free)
email: mark@bestfriendsnd.org www.bestfriendsnd.org



DISCLOSURE AND AUTHORIZATION 2.1

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling with the Best Friends Mentoring Program, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. 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, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

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

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. 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/licensure, 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: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency") 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: <http://americanchecked.com/privacy-policy>.

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 the Company.

By checking the following box, I request a copy of all such reports be sent to me. Check here:



DISCLOSURE AND AUTHORIZATION 2.1

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. (CST) 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, 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 NA (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.

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name _____

Signature _____

Date _____

For identification purposes:

Social Security No. _____ Date of Birth _____

Driver License No. _____ State of Issue _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 the 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 20006.**

- **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 identify 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.
- **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 1-888-567-8688.
- **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:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

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

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

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

CONTACT:

a. Bureau of Consumer Financial Protection
1700 G Street NW
Washington, DC 20006

b. Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW
Washington, DC 20590

Office of Proceedings, Surface Transportation Board
Department of Transportation
1925 K Street NW
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
406 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357