



Volunteer Application

Thank you so much for your interest in volunteering at Animal Services. We are looking for caring, dedicated, hard-working volunteers and look forward to having you on our team.

Please return your completed application by Saturday, _____.
(Email: volunteer@jointanimalservices.org; Fax: 360-352-2782; Mail: 3120 Martin Way E, Olympia, WA 98506) **All portions of the application and background check pages need to be filled out for each applicant, minors included.**

After your application has been processed and your background check has cleared, you will be contacted you to schedule your hand-on training.

If you need to fulfill community service hours for school, work, special projects, or the courts, you will need to talk to the Volunteer Coordinator before you begin volunteering. **We cannot sign off on any hours unless we have made arrangements in advance.** A list of the requirements for school and court-ordered community service volunteers can be found at <http://jointanimalservices.org/volunteer>.

If you have any questions about volunteering or the application process, you can reach me at 360-352-2510, ext. 1009 or volunteer@jointanimalservices.org. Once again, thank you for your interest!

Sincerely,
Chandra Mincher
Education and Volunteer Coordinator

Essential Volunteer Requirements: Animal Care

In addition to the basic adoption area duties, the following is meant to point out the essential physical, mental and emotional requirements for volunteering.

Essential Physical Requirements:

- Ability to close/open cage door while handling animal.
- If walking dogs outdoors, the ability to walk unaided on unpaved, uneven, rugged, muddy, and slippery nature trail and lawn areas.
- Ability to bend and squat in order to leash/harness and pick up animal.
- Ability to stand for significant periods of time while walking dogs, assisting the public with visits, or cleaning cages/kennels.
- Ability to speak and effectively communicate with the public.
- Ability to maneuver well in tight spaces and react and move quickly in order to prevent animals from escaping (example: ability to quickly pursue and retrieve any animal who has escaped from a kennel).

- Ability to handle and restrain animals with extreme caution and care.
- Ability to deal with strong and unpleasant odors, fleas, and possible injuries to animals in our care.
- Must not have strong allergies to animals or to chemicals used in grooming or cleaning that aren't managed by medication.
- Ability to cope with a very loud environment due to animal noises.
- Ability to judge an animal's reaction and to change voice and body language to fit the situation.
- Possess immune system strong enough to tolerate potential exposure to zoonotic diseases.

Essential Mental Requirements:

- Ability to understand, remember and follow instructions and procedures.
- High level reading, writing, spelling and communication skills (example: understand words such as quarantine, euthanize and other common industry related terms).
- Possess problem solving capability.
- Must be able to read and understand animal body language.
- Ability to observe and evaluate response to handling for "matchmaking" purposes, as well as health and behavioral problems that are revealed during socialization.
- Must be aware of potentially dangerous situations when working with the animals. Must be able to remain calm with animals who are upset; behave sensitively and confidently; show good judgment, and act appropriately in these situations.

Essential Emotional Requirements:

- Ability to cope with unexpected animal behavior without assistance.
- Ability to cope with a highly emotionally-charged environment with animals that are homeless, abandoned, and/or abused, as well as the reality that some of the animals in our care may be euthanized.
- Ability to understand Animal Services' policies and positions regarding companion animals, wildlife, spay/neuter and other key animal welfare issues and an ability and willingness to appropriately and accurately represent those policies when interacting with the public as a representative of Animal Services.

Level of supervision:

- Once trained, must be able to work with minimal supervision, yet ask for help when needed.
- Should be able to work independently for long periods of time, as well as work within a group atmosphere with other volunteers or staff.

Other:

- All animal care positions involve cleaning, and can involve the use of hazardous chemicals with toxins.

**Please fill out the following application pages and return
to the Education and Volunteer Coordinator.**

Email: volunteer@jointanimalservices.org; Fax: 360-352-2782; Mail: 3120 Martin Way E, Olympia, WA 98506

Orientation Date: _____



CITY OF LACEY

Application for Volunteer Service

First Name _____ **Last Name** _____ **Date** _____

Address _____ **City/State/Zip** _____

Phone ☐ Cell ☐ Home ☐ Work _____ **Phone** ☐ Cell ☐ Home ☐ Work _____

Emergency Contact _____ **Phone** _____

Email _____

Please check which area of volunteer work you are applying for at Animal Services:

☐ Shelter Volunteer ☐ Foster Home ☐ Other: _____

Please answer the following:

1. Are you over 18 years of age? _____ If no, this form will require a parent/guardian signature.
2. Are you 11 - 13 years of age? _____ If yes, who will be volunteering with you: _____
3. Will you be assisting a volunteer? _____ If yes, who: _____
4. What types of work interest you? _____
5. What special training do you have? (Business, Professional, Arts & Crafts, Drama, etc.) _____
6. Are you pursuing mandated service hours for school or the courts? ____ If yes, who: _____
How many hours? _____ What date are they due? _____

All community service hours must be pre-approved by the volunteer coordinator.

Please answer the following: (skip section if Foster Home Only)

1. Can you make the minimum commitment of 4 hours a month for 6 months? ☐ Yes ☐ No
 2. Have you read and understood the Essential Volunteer Requirements? ☐ Yes ☐ No
 3. Are you able to perform the Essential Volunteer Requirements without assistance? ☐ Yes ☐ No
 4. If you need a person to assist you, who will be coming to volunteer with you? _____
(Please note that this person will need to go through the same volunteer process: orientation, application and trainings.)
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PREVIOUS WORK / VOLUNTEER EXPERIENCE

Employer	Position Held/Any Relevant Tasks	Dates worked

For applicants ages 13 and under:

_____ The City of Lacey does not provide medical insurance coverage for volunteers ages 13 and under should they incur injury to themselves. (Parent/Guardian must initial)

For applicants ages 17 and under:

_____ I understand that the person applying to volunteer is signing up for a minimum commitment of 4 hours a month for 6 months. (Parent/Guardian must initial)

Parent/Guardian whom can be reached during the day:

Name _____ Relationship _____

Main Phone _____ Alt. Phone _____

If Parent/Guardian cannot be reached, alternate contact:

Name _____ Relationship _____

Main Phone _____ Alt. Phone _____

I hereby certify that the facts set forth in this Application for Volunteer Services are true and complete to the best of my knowledge. I understand that if I am accepted, falsified statements on this application shall be considered sufficient cause for dismissal. I hereby authorize the Animal Services/the City of Lacey to conduct a thorough background investigation of my prior work history, and to verify information contained in this application as it relates to the position for which I am being considered.

Signature _____ Date _____

Parent/Guardian Signature for applicants under 18: _____

Animal Services/the City of Lacey does not discriminate on the basis of disability. It is the policy of Animal Services/the City of Lacey to provide persons with disabilities the opportunity to participate in, or benefit from employment, services, activities and facilities, where reasonably possible. Animal Services/the City of Lacey will provide reasonable accommodation in compliance with the Americans with Disabilities Act and the Washington Law Against Discrimination. The ADA does not require Animal Services/the City of Lacey to take any action that would fundamentally alter the nature of its programs or services, or impose any undue financial or administrative burden.

AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

This Agreement is made, by and between Animal Services, the City of Lacey (a political subdivision of the State of Washington) hereinafter referred to as the "City" and _____ hereinafter referred to as the "Volunteer."
(print name)

PURPOSE: The purpose of this Agreement is to outline the responsibilities of Animal Services/the City in providing volunteer opportunities and to create an understanding between Animal Services/the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for Animal Services/the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant Animal Services and City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between Animal Services/the City and the Volunteer. Animal Services/the City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of Animal Services/the City giving me permission to perform these volunteer services, I understand that: *(Please initial the following)*

_____ I will abide by all Animal Services/City policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ I understand that although Animal Services has taken all reasonable measures to protect me, accidents and injuries may still occur. I recognize that working with animals places me at physical risk and I agree to assume that risk. I realize that animals may bite, scratch or carry disease. They may also cause damage to my vehicle or personal property.

_____ I understand because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I understand whatever decision I make is at my own risk and I agree to release Animal Services from all liability that may occur because I did not receive a tetanus vaccination.

_____ I am to report any on-the-job injury or illness, no matter how minor, to Animal Services/the City's representative on-site. Should an injury occur during the scope of my service, Animal Services/the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

_____ I am not to appear for volunteer service under the influence of alcohol or any illegal drugs. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

_____ If I am convicted of a crime or given a deferred sentence, I must notify Animal Services/the City immediately.

_____ I give my permission to have photos/video tapes taken during the volunteer activities of adults and/or minor participants, without recompense, to be used for publicity purposes.

_____ I understand that volunteers ages 11-13 and their adult volunteer partner must be together at all times while volunteering at the Shelter.

_____ I will adhere to the Animal Services Code of Conduct:

- Bring my best skills and abilities to my volunteer work
- Exercise caution and common sense when dealing with shelter animals. Safety first for volunteers and for animals.
- Treat all animals with kindness and respect
- Support the mission, goals and efforts of Animal Services with a positive attitude
- Approach my volunteer responsibilities with professionalism
- Promote goodwill by handling contacts with staff, other volunteers, and visitors in a spirit of courtesy and cooperation
- Remember that as a volunteer I am advocating for animals and Animal Services in the community
- Correct, when possible, misleading or inaccurate information and representations made by others concerning Animal Services policies, practices and procedures
- Maintain confidentiality of all information I may receive while at the shelter, written or verbal, pertaining to animals or people
- Observe all safety and security rules in the performance of my volunteer job duties. Report all problems concerning animals, visitors or the environment immediately
- Animal Services' property, services or supplies are not available for personal use. If in doubt, ask staff
- Become familiar with and abide by all policies/procedures in the volunteer handbook and any updates, postings or handouts that are provided by Animal Services
- Contact the Volunteer Coordinator immediately if I feel discriminated against or harassed by someone in connection with my volunteering
- Avoid engaging in any conduct that could be perceived as a conflict of interest
- Contact the Volunteer Coordinator if there are any questions or concerns about Animal Services policies, procedures, interpersonal communications or my volunteer responsibilities
- In order to remain in good standing, I understand I am required to adhere to the Code of Conduct for Volunteers

BACKGROUND CHECKS: I consent to Animal Services/the City performing a background check into my history in accordance with RCW 43.43.830–839 and waive any right of privacy I may have in such information for the limited purpose of Animal Services/the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information.)

TERMINATION: I understand that I or Animal Services/the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being an Animal Services/City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in Animal Services/the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of Animal Services/City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless Animal Services/the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE: I understand that Animal Services/the City is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by Animal Services/the City are afforded the same coverage as Animal Services/City employees under Animal Services/the City 's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by Animal Services/the City or WCIA.

This agreement will be in effect for the duration of my volunteer services beginning _____.
(date)

By: _____
Animal Services/City of Lacey

Volunteer's Signature

Address

City/State/Postal Code

Phone

Parental/Guardian Consent

I (we) am/are the parent(s) or legal guardian of _____ who desires to be a
(print name)
participant in the City of Lacey's sponsored activity of volunteering at Animal Services.

It is important to me (us) that this minor be allowed to participate in this activity. I have been advised via this document that Animal Services/the City of Lacey does not provide Uninsured, Underinsured, Med Pay of Personal Injury Protection Coverage under its Liability Coverage, however that the services are covered by the State Labor and Industrial Insurance Medical Aid Coverage for volunteer workers. Being fully informed as to these risks and in consideration of Animal Services/the City of Lacey allowing my child to participate in this sponsored activity and/or use Animal Services/the City of Lacey facilities and/or being transported, I (we), on behalf of myself (ourselves) and on behalf of the above-named participant minor, assume all risk of injury, damage and harm to the minor which may arise from the minor's participation in the activities, use of Animal Services/the City of Lacey facilities and/or the providing of transportation to and from the activity. I (we) further agree, individually and on behalf of the above-named minor, to release and hold harmless Animal Services/the City of Lacey, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named minor or me arising out of the Minor's voluntary participation in this activity and/or being transported to and from the activity. I (we) grant my (our) full and voluntary consent for the above-named minor to participate in the activity described above.

Parent(s) / Guardian Printed Name(s)

Parent(s) / Guardian Signature(s)

Date

Parent(s) / Guardian Address

(_____) _____
Phone



Authorization Release Form

I, _____, hereby authorize Sound Screening Services, Inc. ("SSS") and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report be generated for employment/seasonal employment/volunteerism with the City of Lacey.

I have received and read a Notice and Disclosure and I understand that the scope of the consumer report and/or investigative consumer report may include, but is not limited to, the following areas: without limitation, information concerning: verification of social security number, criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, motor vehicle records to include traffic citations and registration. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the City of Lacey or its agents. I further authorize the complete release of any records or data pertaining to me that the individual, company, firm, corporation, or public agency may have, including information data received from other sources.

I hereby release the City of Lacey, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand that this authorization is not an offer for employment/seasonal employment/volunteerism by the **City of Lacey** and that any false or misleading information I have provided to SSS may result in a refusal to hire, promote, reassign, or continue employment; or accept as a volunteer.

I also understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time provided I do so in writing.

City of Lacey reserves the right to refuse to consider any application unless all questions are answered completely and honestly.

Date: _____ Signature _____

☐ By checking this box, I have indicated that I would like a copy of a credit report if one is obtained by the **City of Lacey**.

Print Name: _____
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security #: _____ Date of Birth: _____

Telephone number: (____) _____ Drivers Lic # & State: _____

College: No___ Yes___ Name of College: _____

Location: _____
(City, State)

Dates Attended: _____ Graduation Date: _____ Degree: _____

Have you ever been convicted, pleaded nolo contendere, or paid a fine for any traffic violations in the past three (3) years? ___Yes ___No (This information will only be used if the position may drive a City vehicle.)

If yes, please explain:

Convictions: **ANY** illegal drug activity? ___Yes ___No **ANY** crimes and/or felonies? ___Yes ___No

Please explain ANY convictions/incidents:

By signing below I acknowledge the above information is accurate and that I have read and understand the disclosure(s) given to me.

Signature: _____ Date: _____



**City of Lacey, Washington
Pre-Adverse Action Disclosure – Candidate's Copy
Background Check**

**NOTHING TO SIGN
FROM THIS PAGE
ON – KEEP FOR
YOUR RECORDS**

PROCESS:

The City of Lacey (**COL**) and its designated agents and representatives may request of you to conduct a comprehensive review of your background causing a consumer report and/or investigative consumer report to be generated purposes. This request will only be made if the position you are being considered for is designated to require a background check.

The consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registrations; and any other public records or to conduct interviews with third parties relative to your character, general reputation, personal characteristics or mode of living.

You will be asked to authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to you or the City of Lacey or its agents. You further authorize the complete release of any records or data pertaining to you which the individual company, firm, corporation, or public agency may have, to include information or data received from other sources.

In addition to the above, you will be asked to release the City of Lacey, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to you, your heirs, family, or associates because of compliance with this authorization and request to release.

This authorization automatically expires 90 days from the date executed and you have the right to revoke this authorization at any time provided you do so in writing.

ADVERSE ACTION STATEMENT:

Findings of criminal and/or traffic convictions from the background check process may disqualify you for employment and/or volunteerism for that specific job classification or position with the City of Lacey based upon predetermined conviction hiring guidelines for the position.

Should this occur you will receive a letter from the City's Human Resources Department. The purpose of this letter is to inform you that based on the information, in whole or in part, the City of Lacey is unable to offer you employment and/or a volunteer opportunity at this time. You will be provided a summary of your rights, along with a copy of the report.

SUMMARY OF RIGHTS

If after reviewing the report, (1) you believe that the information it contains is inaccurate and/or (2) you want to know what information contained in the report fall outside our new hire/volunteerism guidelines, contact the City of Lacey Human Resources Department, 420 College Street, Lacey, WA 98503: Attention HR Analyst, or call (360) 491-3214, within five (5) days of the date of this letter. Otherwise, we will assume you no longer wish to pursue employment and/or volunteerism with our agency.

At our request, this report was compiled and furnished to us by SOUND SCREENING SERVICES, INC., Attention: Compliance Officer, P.O. Box 111088, Tacoma, WA 98411-1088, Telephone: (253) 472-7336. Please understand that SOUND SCREENING SERVICES, INC. simply provided us with the report and did not recommend or in any other manner participate in our decision to take this adverse reaction. Therefore, they will be unable to provide you with specific reasons as to why action was taken.

Under the provisions of the Fair Credit Reporting Act, as amended, you have the right to dispute directly with SOUND SCREENING SERVICES, INC., any information contained in this report. Based on proper and accurate identification, you may request SOUND SCREENING SERVICES, INC. to reinvestigate specific items of information contained in the report which you maintain are inaccurate. Under the provisions of the law, SOUND SCREENING SERVICES, INC. , must respond to your request for clarification of the specific data you are questioning within a reasonable time.

SOUND SCREENING SERVICES, INC. reports information and data as it appears in the public record. If you question centers around the data as it appears in the public record or you are alleging that the public record is incorrect, SOUND SCREENING SERVICES, INC. cannot change nor modify any part of the record. SOUND SCREENING SERVICES, INC. will however identify the source of the information that appears in the report. You must contact the court or other information repository to have the data in your file changed.

WASHINGTON STATE LAW NOTICES

WASHINGTON STATE: If the **COL** requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the **COL** a complete and accurate disclosure of the nature and scope of the investigation requested by **COL**. You are entitled to this disclosure within 5 days after the date your request is received or the date the **COL** ordered the report, whichever is later. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, which is also set out below.

STATE OF WASHINGTON CONSUMER CREDIT REPORTING ACT

SUMMARY OF CONSUMER RIGHTS

The State of Washington Fair Credit Reporting Act (WFCRA) 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 WFCRA. The WFCRA is modeled after the Federal Fair Credit Reporting Act. The same rights are provided under the Federal Fair Credit Reporting Act and you have received A Summary of Your Rights Under the Federal Fair Credit Reporting Act. You can get the complete text of WFCRA RCW 19.182, from the Washington Code Revisers Office, P.O. Box 40551, Olympia, WA, 98504, or online at <http://apps.leg.wa.gov/rcw/default.aspx?cite=19.182&full=true#19.182.070>.

- ❖ **You must be told if information in your file has been used against you.** If a person takes an adverse action against you that is based, in whole or in part, on information contained in a consumer report, that person must tell you, and must give you the name, address, and telephone number of the consumer **You have a 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, although medical information may be withheld and given directly to your medical provider. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You will not be charged for:
 - a consumer report if a person has taken adverse action against you because of information in your credit report;
 - the reinvestigation of information you dispute; or
 - corrected reports resulting from the deletion of inaccurate or unverifiable information.
- ❖ In addition, you are entitled to one free consumer report every 12 months, upon request. You may be charged a limited fee for a second or subsequent report requested by you during a 12 month period.
- ❖ **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and you notify the consumer reporting agency directly of the dispute,

the consumer reporting agency will reinvestigate without charge and record the current status of the disputed information before the end of thirty business days, unless your dispute is frivolous.

- ❖ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Upon completion of the reinvestigation, if the information you disputed is found to be inaccurate or cannot be verified, the consumer reporting agency will delete the information and notify you of the correction. If the reinvestigation does not resolve your dispute, you may file with the consumer reporting agency a brief statement setting forth the nature of your dispute. The statement will be placed in your consumer file and in any subsequent report containing the information you disputed.
- ❖ **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 ten 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 WFCRA specifies those with a valid need for access.
- ❖ **You must be notified if reports are provided to employers.** A consumer reporting agency may not give out information about you to employers without your knowledge. A potential employer must make a clear and conspicuous disclosure in writing to you or obtain your consent before obtaining a report. A current employer may not receive a report unless it has given you written notice that consumer reports may be used for employment purposes.
- ❖ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** You may elect not to receive unsolicited “prescreened” offers for credit and insurance by using the consumer reporting agency’s notification system 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).
- ❖ **You may place a security freeze on your credit report.** A security freeze prevents your credit file from being shared with potential creditors or insurance companies. You may request a security freeze by contacting us by phone at 1-800-831-2578, online by visiting <https://personalreports.lexisnexis.com/contacts.jsp> mail, or by mail by writing to the LexisNexis Consumer Center; ATTN: Security Freeze; P.O. Box 105108; Atlanta, Georgia 30348-5108. We may charge a fee for providing this service.
- ❖ **You may be able to block information resulting from identity theft from appearing on your credit report.** If you are a victim of identity theft, a consumer reporting agency must permanently block misinformation resulting from that theft from appearing on your credit report. You must provide the consumer reporting agency with a copy of a police report as evidence of your claim before it can place the block on your report.
- ❖ **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 WFCRA, you may be able to sue in state or federal court.

COMPLAINTS

Any complaints by consumers under state law may be directed to:

Office of the Attorney General
Consumer Protection Division
800 5th Avenue, Suite 2000
Seattle, Washington 98104-3188
Phone 1-800-551-4636 or (206) 464-6684
Fax (206) 389-2801

Statewide Toll-Free TDD: **800 276-9883**
Complaints May Be Made Via U.S. Mail or E-Mail
Complaints:
<http://www.atg.wa.gov/FileAComplaint.aspx>
(Include your U.S. Mail address with any complaint.)
Website & Forms: <http://www.atg.wa.gov/>

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.

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).

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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture