



Bo's Place Camp Healing Hearts November 18-20, 2016

Dear Prospective Volunteer,

Thank you for your interest in volunteering with Bo's Place at Camp Healing Hearts. The primary purpose of Camp Healing Hearts is to provide an opportunity for Bo's Place families to grow together in their grief by experiencing typical camp activities as well as grief-healing activities all while in a weekend camp environment. Along the way, we hope everyone has fun, makes new friends and creates cherished memories.

Camp Healing Hearts Facts:

When	November 18-20, 2016
Where	Camp For All in Burton, Texas (just outside of Brenham)
Who may attend	Bo's Place group members who are enrolled in a family ongoing group or LIGHT family group at the time of registration
Transportation	Volunteers are responsible for their own transportation. Please consider carpooling.
Arrival	Arrive at Camp For All on Friday, November 18 at Noon to enjoy lunch with your fellow counselors/camp staff, followed by camp staff team building time.
Departure	Plan to stay on Sunday, November 20 until 3:00 p.m. After the families depart at 2:00 p.m., volunteers and staff will have a camp debrief meeting.
Cost	Free!

Camp Healing Hearts is weekend retreat for families enrolled in an ongoing family group or LIGHT family group at Bo's Place at the time of registration. Campers are ages five-years-old to adult.

While Camp Healing Hearts is a family experience, family members will not be assigned to the same cabins. At camp, we follow the model of our family support group programs. Children sleep in same sex cabins with their peers while their parents/guardians sleep in separate cabins with their same sex peers. The first half of the weekend the campers will enjoy camp activities together with their cabin-mates. The second half of the weekend, campers from the same family will be assigned to one of three groups so that they can enjoy the camp experience together with their family.

Cabin Information:

A minimum of two volunteers will be assigned to each of the children's cabins. Adult cabins will have at least one volunteer. As a volunteer cabin counselor at Camp Healing Hearts, you are agreeing to be responsible for the campers placed in your assigned cabin. Just as Bo's Place support groups are organized by ages, the cabin assignments will be, too. Campers will receive their cabin assignment upon check-in at camp. Cabins are equipped with beds, private showers, AC, bathroom toilets, and sinks. Please note that bathroom toilets are separated by curtains in order to make them accessible to campers with physical handicaps.

Packing:

Camp is a unique experience that requires planning when packing. Don't forget daily or as needed medication, as well as potential over the counter medications that you might need during the weekend. All prescription and OTC medications must be kept in their original containers with labels in your med baggie at the health center. Suggestions for OTC medications include:





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- Pain/fever reducer
- Acid reducer/stomach meds
- Neosporin or other ointment
- Itch cream
- Allergy medication/decongestant

When packing, anticipate all kinds of weather. Remember to label all belongings with your name.

Packing Suggestions include:

- Basic bedding (pillow, blanket/sleeping bag)
- Towels/washcloths
- Toiletries (shampoo/conditioner, soap, toothpaste/brush, deodorant)
- Bag (plastic, cloth, or even a trash bag) for laundry and wet clothes
- Closed toe shoes only (tennis shoes, boat shoes)
- Extra pair of shoes (in case the first gets wet)
- Warm jacket and light jacket
- Jeans or long shorts for horseback riding
- Pajamas
- Sunscreen and bug spray
- Flashlight
- Rain poncho

Schedule:

Camp Healing Hearts is a fun-filled jam-packed weekend of activities such as ropes course elements, archery, arts & crafts, horseback riding, and more. Campers will participate in some activities by cabin groups and others by family groups. The schedule does include some quiet time, but overall the schedule is extremely full in order to accomplish as much as possible over the course of the weekend. Be ready!

Applications:

Enclosed are the Camp Volunteer Application and Background Check Release Form. Camp volunteers will be selected based on the answers provided in the application, past experience at camp, and/or experience facilitating a support group at Bo's Place (when applicable). All volunteers must pass a background check. All camp volunteers must also attend one of the **mandatory** camp training options.

Camp Healing Hearts Training Options:

Thursday, October 27, 2016 6:00 p.m. – 9:00 p.m. (dinner provided) or

Sunday, October 30, 2016 12:00 – 3:00 p.m. (snacks provided)

Make-up training dates are available on a limited basis. Please contact Courtney Reynolds, Camp Healing Hearts Director at CourtneyR@bosplace.org prior to submitting your Camp Volunteer Application if you are requesting a make-up date.

You will be notified if you have been selected to volunteer at Camp Healing Hearts via email no later than Tuesday, October 25, 2016.





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Please return completed applications to the attention of Courtney Reynolds, Camp Healing Hearts Director, no later than October 21, 2016 at 4:30 p.m.

- Mail or in person: Bo's Place, 10050 Buffalo Speedway, Houston, TX 77054
- Email: CourtneyR@bosplace.org
- Fax: 713-942-2252, Attention Courtney Reynolds, LCSW, Camp Healing Hearts Director

Our hope for the staff at our camps is that it be an intentional retreat experience in which everyone is mindful of camp's purpose, thoughtful, actively engaged, having fun, supporting the families in their grief journeys, and making memories that will last a lifetime. If you have any questions, please do not hesitate to contact me at 713-942-8339 or CourtneyR@bosplace.org. We hope that you will consider applying for this unique and special volunteer experience.

Warmly,

Courtney Reynolds, LCSW
Camp Healing Hearts Director
Phone: 713-942-8339
Fax: 713-942-2252





**Bo's Place Camp Healing Hearts
November 18-20, 2016**

Volunteer Registration Packet

Completed Packet Checklist:

- _____ Fill out all information blanks. If you do not have an answer to a question you may put "N/A"
- _____ Initial the Medication Policy (page 5)
- _____ Initial on Bo's Place: Medical Treatment Authorization Form (page 6)
- _____ Copy of your Medical Insurance Card (front and back) if applicable
- _____ Initials/signature on Bo's Place: Camp Release (pages 10)
- _____ Initials/signature on Camp for All: Camp Release (page 11)
- _____ Signature on Background Check Release Form (with all sections completed)
- _____ Copy of your Driver's License

Return completed Registration Packets to Courtney Reynolds on or before October 21, 2016 at 4:30 p.m.

- Mail or in person: Bo's Place, 10050 Buffalo Speedway, Houston, TX 77054
- Email: CourtneyR@bosplace.org
- Fax: 713-942-2252, Attention Courtney Reynolds





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Basic Information (please print):

Name (First and Last): _____ Preferred Name: _____

Street address _____ City/State _____ Zip _____

Phone Number _____ Email _____

If Applicable, Current Group Night and Rotation (ex. 1/3 Wed)	Group Members Ages (ex. Adult, 5-7 year olds, etc.)	T-shirt size. Specify Adult or Youth Size (ex. YS or AM)	Gender (M/F)	Age	Special Diets/Dietary Needs (ex. vegetarian, vegan, lactose intolerant, gluten free, etc.)

Will you be celebrating a birthday while at camp? If so, which day and the age you will be celebrating?

What languages do you speak? (check all that apply): _____ English _____ Spanish _____ Other: _____

What role would you like to play at camp? (Check all that apply)

- _____ Cabin Counselor _____ Camp Nurse (must be a nurse by profession to apply for this role)
- _____ Art Barn Volunteer _____ Camp Doctor (must be a doctor by profession to apply for this role)
- _____ Art Barn Lead Volunteer _____ Media Coordinator _____ Headquarters Helper

If applying to be a Cabin Counselor, what age group(s) would you be open to working with? (Check all that apply)

- _____ Elementary ages 5-6 years _____ Elementary ages 7-8 years _____ Elementary ages 9-10
- _____ Jr. High ages 11-13 _____ High School ages 14-18 _____ Adult





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All volunteers must attend one of the mandatory camp training options. Which training can you attend?

_____ Thursday, October 27, 2016 6:00 p.m. – 9:00 p.m.

_____ Sunday, October 30, 2016 12:00 p.m. – 3:00 p.m.

Why do you want to volunteer at Camp Healing Hearts?

What will you bring to the camp experience for the participants?

Have you ever attended a camp at Bo's Place or elsewhere, either as a camper or a counselor? If yes, what did you like best about camp?

What did you find most challenging? How did you manage those challenges?





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Please share any concerns that you may have about volunteering for camp with Bo's Place?

Any other special talents or skills (i.e., play the guitar, magic tricks, sing)?

Emergency Contact Information

Please provide emergency contact information for two trusted individuals who will not be attending Camp Healing Hearts:

Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

Medical Information:

Do you have any major or minor medical/mental health conditions(s) of which we need to be aware (ex. diabetes, ADD, anxiety, high blood pressure, asthma, etc.)? ____ Yes ____ No

Please explain and provide guidance on any accommodations the Bo's Place staff and your co-counselors might make to ensure a positive experience for you at Camp Healing Hearts.

Do you have any food, environmental, or substance specific allergies? ____ Yes ____ No

Please specify: _____





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Do you require additional assistance for any of the following?

Reading ____ Yes ____ No

Writing ____ Yes ____ No

Physical Limitation/Mobility ____ Yes ____ No

Wear Glasses/Contacts ____ Yes ____ No

Vision or Hearing Impairment ____ Yes ____ No

Do you have Medical Insurance? ____ Yes ____ No

If Yes, please attach copies of your health insurance card (front and back).

Medications: You are responsible for bringing to Camp Healing Hearts any daily and as needed prescription medications, as well as potential over the counter medications that you will need. All prescription and OTC medications must be kept in their original containers with labels. Place all medications in a gallon bag with your last name written legibly on the front. Medication baggies will be kept at the health center. We ask that if you regularly take ADHD medication or any other psychiatric medication in order to attend work that you take your medication while at Camp Healing Hearts. At camp, the health center will have available Benadryl cream, Neosporin cream, Band-Aids, Pepto-Bismol, Tylenol, Advil/Aleve and Benadryl.

____ (Initial) I have read the above section on medication and understand that I must bring my own prescription and non-prescription medication and the limits of what will be available in the health center.





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Bo's Place Medical Treatment Authorization Form

Full Legal Name: _____ Date of Birth: _____

Home Address: _____

Gender: Female _____ Male _____

Physician's Name: _____ Physician's Phone #: (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the individual named above is currently receiving treatment: _____

Note any other significant medical information: _____

AUTHORIZATION AND CONSENT OF MEDICAL TREATMENT FOR CAMP PARTICIPANTS

I grant my authorization and consent for Bo's Place to administer general first aid treatment for any minor injuries or illnesses experienced by individual listed above. If the injury or illness is life threatening or in need of emergency treatment, I authorize Bo's Place to summon any and all professional emergency personnel to attend, transport, and treat me and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of Bo's Place in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: November 30, 2016

Signature: _____

Printed Name: _____ Date: _____





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Camp Healing Hearts Guidelines

1. Stay within the camp boundaries.
2. Do not go anywhere alone; stay with the group at all times. Your counselors should always know where you are.
3. Respect camp property.
4. Respect other campers' belongings.
5. Non-assigned females are not allowed in the boys' cabins and non-assigned males are not allowed in the girls' cabins (including parents/guardians, kids, volunteers, and staff).
6. Leave personal sports equipment (skate boards, roller blades, etc.) at home.
7. Clean up after yourself.
8. Respect each other and all feelings.
9. Respect confidentiality
10. Camp For All is a non-smoking facility. Do not bring tobacco products.





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Camp For All Rules and Regulations

1. The following are not permitted in any part of the Camp For All Facility during the weekend:
 - Alcoholic beverages.
 - Knives, fireworks, firearms or other weapons.
 - Pets (except trained service animals).
 - Drugs, except for prescription drugs, over the counter and other legal drugs brought by adult members. All other drugs, of any nature are strictly prohibited on any portion of the Camp For All Facility. All prescription medications and over the counter medications must be labeled and given to Bo's Place Staff upon check-in and will be locked in the Health Center. Only parents/guardians may dispense medications to their minor child(ren).
2. Smoking and vapor are not permitted at the Camp For All Facility. Do not bring any tobacco products for the Camp Healing Hearts weekend.
3. Visitors are not permitted unless approved by the Camp Healing Hearts Camp Director and/or the Camp For All Camp Director. All visitors must check-in at the main office upon arrival.
4. Please leave your valuables at home. Bo's Place and Camp For All are not responsible for loss or damage to personal property.
5. Camp For All may conduct fire and emergency drills on the first day of camp session.
6. Access to specialized program activity areas, including the Ranch, Archery, Bikes, Pool, Lake, and Challenge Course, are restricted to scheduled times and only when accompanied by a properly trained Camp For All staff member.
7. Everyone must wear closed toe shoes (i.e. tennis shoes) while out in the Camp For All Facility.
8. Vehicles are not permitted beyond designated parking areas. Vehicles must be parked in designated areas. A maximum limit of 10mph must be observed on camp property.
9. Only authorized staff as assigned by the Camp Healing Hearts Camp Director and/or Camp For All Camp Director may use the golf carts. All drivers must be at least 16 years old and understand the written rules of the road.
10. Meals are served on a schedule. The kitchen is closed after supper clean-up until breakfast the next day. No one is permitted in the kitchen at any time. No food, glasses, dishes or utensils should be taken out of the dining hall facility. Food is not allowed in cabins as it attracts rodents and bugs. Special dietary needs should be arranged prior to arrival at Camp Healing Hearts. Peanut butter and jelly will be available throughout the day in the dining hall.
11. A pay telephone has been provided for personal use. The main camp phones are for authorized business use only. Incoming calls cannot be connected directly, but messages may be left at the Camp For All main number – (979)289-3752 and will be relayed through the Camp Healing Hearts Camp Director.
12. All Camp For All Facilities must be left clean and free from debris at the end of Camp Healing Hearts.





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Bo's Place: Camp Release Form

Camp Volunteer: _____

INFORMED CONSENT

I recognize that certain hazards and dangers are inherent in camp activities. I acknowledge that although Bo's Place Camp Healing Hearts and Camp For All have taken safety measures to minimize the risk of injury to camp participants, Bo's Place Camp Healing Hearts and Camp For All cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I understand all health issues are my responsibility. It is my responsibility to seek and obtain appropriate care for any health problems experienced by me including medication, first aid, and emergency care. I understand I am responsible for the administration of my own medications and that all medications must be turned into Bo's Place staff upon arrival at Camp For All. All medications will be stored in a locked room in the Health Facility.

I have read Camp Healing Hearts Rules and Regulations and Camp Guidelines. I agree that I will comply with these Rules and Regulations/Guidelines. I understand the camp staff consists mostly of volunteers, not professional therapists. I understand that for group activities, confidentiality is observed and that individuals must respect the privacy of other group participants by not discussing the issues of others outside the group. While I understand that confidentiality of children and their families is respected, I also understand that Texas State Law requires the reporting of any suspected child abuse or potentially violent acts.

LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Bo's Place and Camp For All, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury(ies), illness, or loss of any kind, known or unknown, including but not limited to injury(ies) to property or person, to me during or related to my attendance at Bo's Place Camp Healing Hearts at Camp For All.

MEDIA RELEASE

I, the undersigned, understand that this authorization permits Bo's Place to take and use photographs and/or films (including film photography, digital photography, cinematography and videography), artwork, and audio of me. I understand that photographs, video, films, audio, and artwork may be taken individually or as a part of a group. I also understand that in order to give participants access to these photographs and/or videos, they will be uploaded to Dropbox with access granted to all Camp Healing Hearts participants and that this access is not to be shared with any individuals who are not a participant in Camp Healing Hearts. I understand Bo's Place reserves the right to post the camp video onto the organization Youtube channel if deemed appropriate.

I understand and agree these photographs, films, (including photography, digital photography, cinematography, videography), artwork, and audio may be used by Bo's Place staff and representatives for any of the following purposes: educational, information, training, social media, promotional, fundraising or any other purpose deemed appropriate by Bo's Place including, but not limited to website/social media, videotapes, pamphlets and/or brochures. Bo's Place may use these photographs, and/or films, artwork, or audio without compensation of any kind to the person(s) named in this Bo's Place: Camp Release Form.





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By signing this release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. Bo's Place shall have the right to use the photographs, other images of me, artwork, and audio in educational, promotional, or fundraising materials and to upload the photographs, other images of me, artwork, and audio to Dropbox with access granted to all Camp Healing Hearts participants. I acknowledge that Bo's Place will have all rights of copyright in and to such photographs, videos, audio, and artwork and may use such copyright fully. I also release Bo's Place and its officers, directors, agents, and employees from all liabilities connected with the taking and use of these materials as is authorized by Bo's Place. In addition, I waive all rights or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of this institution or other lawful purposes.

I hereby acknowledge that I have read the above consents and I understand its contents and agree to the terms set forth therein.

Camp Volunteer Signature

Date

Printed Name of Person Signing Above





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Camp for All Foundation: Camp Release Form

This agreement must be read and signed for you/your child to be eligible to attend **Bo's Place at Camp For All**.

Volunteer/Adult Name: _____

PARTICIPATION CONSENT: I understand and certify that my participation in Bo's Place and its activities at Camp For All is completely voluntary. I have familiarized myself with Bo's Place program and activities at Camp For All in which I will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, riflery and canoeing. I acknowledge that although Bo's Place and Camp For All have taken safety measures to minimize the risk of injury to camp participants, Bo's Place and Camp For All cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Bo's Place at Camp For All. Further, I have received approval from a doctor authorizing me to participate in the Bo's Place activities at Camp For All. I also agree to inform Bo's Place of any activities in which I may not participate.

LIABILITY RELEASE: I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Bo's Place and Camp For All, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me during or related to my attendance at Bo's Place at Camp For All.

MEDIA RELEASE: I hereby give Bo's Place and Camp For All the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Bo's Place and Camp For All shall have the right to use photographs or other images of me in promotion, educational or fundraising materials. I acknowledge that Bo's Place or Camp For All shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Bo's Place and Camp For All and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Bo's Place and Camp For All. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

Signature

Date

Printed Name

Address

City

State

Zip



BO'S PLACE

SERVICES, INFORMATION, & DISCLOSURE AND RELEASE OF LIABILITY SIGNATURE SECTION

TO: **THE COLE GROUP** via EMAIL: reports@thecolegroup.com or FAX: (713) 880-9595

FROM: **BO'S PLACE** Requested by (Name Required): _____

EMPLOYER / ORGANIZATION PLEASE COMPLETE*

☒ County Level Public Records Search for Criminal History

☒ SSN Verification

☒ Address Trace

☐ Motor Vehicle Record (must include additional required release)

☐ Credit History (must include additional required release)

☐ Education Verification

☐ Drug Test

☐ 5 Panel

☐ 10 Panel

☐ Special _____

ALL INFORMATION BELOW MUST BE CLEARLY PRINTED IN CAPITAL BLOCK LETTERS OR TYPED BY A COMPANY REPRESENTATIVE WHO HAS SEEN AND VERIFIED PROPER IDENTIFICATION OF THE APPLICANT (DRIVERS LICENSE AND SOCIAL SECURITY CARD).

FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL ADDRESS	PHONE NUMBER	ALTERNATE PHONE
		OTHER LAST NAMES USED (years)
DATE OF BIRTH (mm/dd/yy)	SOCIAL SECURITY NUMBER	STATE
		DRIVERS' LICENSE #

INDICATE BELOW PRIOR CITIES/STATES OF RESIDENCE AND SPECIFIC YEARS LIVED THERE:

Note, unless an address history is requested the public records check will be primarily based on the below information.

CITY	STATE	LIVED THERE FROM			
		From (year):		To:	PRESENT
		From (year):		To:	
		From (year):		To:	
		From (year):		To:	
		From (year):		To:	

*Notice is hereby provided of your duties if you utilize FCRA regulated information to make an employment related decision. Those duties are set forth at www.ftc.gov/os/statutes/2user.htm. Also, under the FCRA, The Cole Group is required to provide to the potential employer a summary of the applicant's consumer rights. A website is hereby provided where these rights can be found and utilized when necessary: <https://docs.google.com/open?id=0B54qzI8iQzL4a19tejFoRU4zYnc>. Those rights have also been provided to you as page 2 and 3 of this document. Requesting a report, and by using public records and FCRA regulated information to make employment decisions, hereby constitutes certification that you are aware of and will comply with the FCRA and applicable state laws. Note, the law also requires you to first obtain written consent from the person being considered which the below section accomplishes. By requesting this report you agree to hold harmless The Cole Group, its officers, and employees from claims of liabilities caused by your use or misuse of information contained in the subsequent report that will be provided.

APPLICANT / VOLUNTEER PLEASE COMPLETE

BO'S PLACE will utilize The Cole Group, a public records investigation firm, to assist you in procuring this job or volunteer opportunity by verifying that you have provided truthful and accurate information on the application and during the interview. Various sources such as courts; law enforcement agencies; correctional facilities; jails; and other government records repositories including Motor Vehicle Records (MVR) may and will be accessed. Information obtained by The Cole Group, now and in the future, will be communicated to **BO'S PLACE** and utilized to evaluate you for a possible offer of employment, a volunteer position, and future promotion, or retention as an employee or volunteer. I hereby acknowledge the above disclosure and grant unlimited consent for The Cole Group to make such inquiries and to communicate the results to **BO'S PLACE**.

Signature _____

Printed Name _____

Date _____

I agree that any inaccurate or incomplete records or information provided to The Cole Group will be the sole responsibility of the appropriate government source. Notice: Within a reasonable time, you may write to The Cole Group at 5151 Katy Freeway, Suite #204, Houston, Texas, 77007, and request the nature and substance of information provided by these sources of records. **You must include a self addressed stamped envelope with any such request.** Accordingly, I hereby release from liability and hold harmless The Cole Group, and **BO'S PLACE**, and all of the owners, officers, and employees of both companies from any blame, claim, lawsuit, liability, compensation, or damages arising out of or relating to the acquisition or use of this information. I consent to and request that The Cole Group communicate to **BO'S PLACE**, all information obtained now and in the future from the above sources. I understand that The Cole Group does not make the hiring, volunteer, or retention decision, and that **BO'S PLACE** make such decisions solely.

Signature _____

Printed Name _____

Date _____

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 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.
- **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 CFPB:

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, 1921

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. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

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
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 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