ASPIRE Volunteer Application

Name _____ Date of Birth _____

Phone _____ UO ID # _____ Grad Year _____

Street Address _____ City _____ Zip _____

Mailing Address (if different from above) _____

Driver's License # _____ State ____ Email Address _____

Emergency contact person _____ Phone _____

I grant permission to the ASPIRE Program to call emergency services or take me to the hospital in the event of an emergency **Signature** _____ **Date** _____

Ethnic Background (circle one) Alaska Native American Indian Asian Black/African American Hispanic/Latino White Other/Multi-Racial

Days & Times available _____

Do you have transportation? ☐ Yes ☐ No

If you have a vehicle, are you willing to drive for our carpool? ☐ Yes ☐ No

Have you lived in another state in the last five years? ☐ Yes ☐ No

If yes, which state(s)? _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____

Do you object to our agency running a background check on you? ☐ Yes ☐ No

Personal references:
References should have known you for at least 6 months, and not be relatives or live in the same household.

_____
(name) (full mailing address) (phone)

_____
(name) (full mailing address) (phone)

_____
(name) (full mailing address) (phone)

Occupation _____

Major/Minor _____ GPA _____

How did you hear about this program? _____

Are you are Pre-Med student? ☐ Yes ☐ No

If you have a disability and require accommodations to perform your assignment, please indicate _____

_____

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Drug and Alcohol Policy

The use, possession of, and/or intoxication from drugs and alcohol are strictly prohibited in the SAIL/ASPIRE Program, including at all SAIL/ASPIRE sponsored activities. **I** _____ understand that this policy is a zero tolerance issue, that I will take responsibility and immediately be removed from the program if I defy the policy, and I could face prosecution.

The information I give in this application is true and correct to the best of my knowledge. I hereby give the SAIL/ASPIRE Program permission to contact my references and submit a background check concerning my qualifications to be a volunteer mentor. I also give my permission for my references to provide SAIL/ASPIRE information about my experiences with them. If appointed as a volunteer mentor, I agree to abide by stated rules and goals for the program, and will fulfill my responsibilities to the best of my ability.

Signature _____ **Date**_____

For Office Use Only

Screening Process	Date Completed
Criminal Record Check	
Driver's Certification Cleared	
Copy of UO ID	
Copy of Driver's License	
Personal References	
1.	
2.	
3	
Training	
ASPIRE for the Community Video (required)	
Volunteer Training (required)	

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Volunteer Confidentiality Agreement

Confidentiality Agreement

Confidentiality is the preservation of any privileged information concerning students that is disclosed in a professional working relationship.

The volunteer ASPIRE Mentor will keep the communication with his or her student confidential. All records dealing with specific students must be treated as confidential and be maintained according to site policy. ASPIRE Mentors will not discuss students' confidential information outside of the program.

General information, policy statements, or statistical material that is not identified with any individual or family is not classified as confidential.

Although the site is liable for a volunteer's acts within the scope of his or her duty, giving information to an unauthorized person could be interpreted as not acting within the scope of that duty and the site could refuse to support the volunteer in the event of a legal action. Violation of the Oregon Revised Statute regarding confidentiality of records is punishable upon conviction by a fine of not more than $1,000 or by imprisonment in the county jail for not more than 60 days, or both.

The only exception to confidentiality restrictions is if a volunteer thinks a student is being physically or sexually abused or is involved in a life-threatening activity. This must be reported immediately to the site counselor/administrator and/or the police or State of Oregon child welfare agency.

My signature below certifies that I have read the material above and understand the confidentiality policy. I understand that my duty as a volunteer ASPIRE Mentor is to abide by the laws and policies regarding preservation of confidential information. I agree to the responsibilities described in the position description.

Signature: _____ Date: _____

ASPIRE Publicity Authorization

I give permission for the site and the ASPIRE program to use my name, photograph or quotes in any form of ASPIRE publicity. I understand that I may withdraw my consent at any time by submitting a written request to the ASPIRE Coordinator.

Signature: _____ Date: _____

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University of Oregon
Criminal Background Check Permission Form – Volunteer

Please type or print legibly name as it appears on your driver's license.

FIRST FULL MIDDLE LAST

STREET ADDRESS

CITY **STATE** **ZIP CODE**

Please list other names used and dates of name change in the last ten years:

FULL NAME **DATE**

FULL NAME **DATE**

FULL NAME **DATE**

DOB:_____/_____/_____ **SSN:**_____-_____-_____ **SEX: Male Female**

DRIVER'S LICENSE NUMBER_____ **STATE**_____

Have you ever been convicted of a crime? _____
If yes, please provide details of all convictions and locations of all convictions (A yes answer will not necessarily disqualify you from employment).

RESIDENCES: Please list residences in the last 10 years

State_____ **City** _____ **County**_____ **Years:** _____ **to** _____

State_____ **City** _____ **County**_____ **Years:** _____ **to** _____

State_____ **City** _____ **County**_____ **Years:** _____ **to** _____

State_____ **City** _____ **County**_____ **Years:** _____ **to** _____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

Criminal background checks may be conducted on volunteers. I authorize the University to conduct such a check. I release the University of Oregon and its employees from any claims arising out of a criminal background check. If a determination is made that a person may not serve as a volunteer due to the criminal background check, I may inspect and challenge the information received by the University.

Applicant or Parent/Guardian Signature **Date**

Witnessed **Date**

******* Hiring Department PLEASE complete the below section prior to turning in the form for processing *******

Hiring Department:_____ Position Title:_____ Position Type:_____

Contact Person:_____ Phone:_____ E-mail:_____

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

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under 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 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:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center FCRA Washington, DC 20580 * 202:326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "NA" 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 Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
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 Programs 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 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20590 * 202-366-1306
Air, surface, or rail common carriers regulated by former Civil Aeronatics Board or Interstate Commerce Commision.	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 Office of Deputy Administrator-GIPSA Washington. DC 20250 *202-720-7051