



Covenant House Michigan (CHM)
Volunteer/Intern Application Packet

- Please print, read and complete each of the attached forms.
- Include an enlarged copy of your valid driver's license or identification card.
- **REQUIRED:** Include a copy of your COVID Vaccination card
- **INTERNS: INCLUDE CURRENT RESUME**
- Please print legibly and be sure that all forms are signed and dated.
- Volunteers/Interns must complete CHM's online training before application approval can be granted. You will receive an email from HR and our training portal with login credentials to the training websites.
- Return your completed forms as one (1) pdf file via email to: ymcghee@covenanthouse.org

CANDIDATE PERSONAL INFORMATION



Volunteer/Intern Application

LAST NAME	FIRST NAME	MIDDLE NAME	PREVIOUS NAME(S) (TO VERIFY WORK & SCHOOL RECORDS)		
PRESENT ADDRESS	APT #	CITY	STATE	ZIP	PHONE NUMBER ()
HAVE YOU EVER VOLUNTEERED AT COVENANT HOUSE MICHIGAN BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES				CELL/ALTERNATE PHONE NUMBER ()	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, HAVE YOU THE LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				EMAIL ADDRESS:	

WORK EXPERIENCE:

CURRENT EMPLOYER:	TITLE:	DATES OF EMPLOYMENT:
CURRENT JOB DUTIES:		
IF YOU'VE VOLUNTEERED FOR COVENANT HOUSE MICHIGAN IN THE PAST, IN WHAT CAPACITY?		

EDUCATION:

	SCHOOL NAME (CITY & STATE)	DID YOU GRADUATE?	IF NO, HOW MANY YEARS ATTENDED?	DEGREE RECEIVED AND MAJOR/MINOR (EX. BA – SOCIAL WORK)
HIGH SCHOOL (LAST ATTENDED)				
BUSINESS/ TRADE SCHOOL				
COLLEGE(S) / UNIVERSITY(S)	1.			
(ATTACH ADDITIONAL PAGES IF NECESSARY)	2.			
	3.			

EMERGENCY CONTACT INFORMATION:

	Name	Relationship to Candidate	Contact Number
1.			
2.			
3.			

Please indicate your area(s) of interest:

- Advocate Clerical Clothes Closet
- Tutoring Special Events/Fundraising
- Fine/Arts & Crafts (type): _____
- Intern (type): _____
- Exercise: _____ (Certifications): _____
- Life Skills Applications (type): _____
- Employment & Training: _____
- Mentoring (ROP residents transitioning to independence): _____
- Other _____

List any skills relevant to volunteering at Covenant House Michigan: _____

List any volunteer ideas you have on how your skills may benefit Covenant House Michigan. (i.e. artist, seminars or training programs): _____

What approximate days and times will you be available to volunteer?

- Monday: _____
- Tuesday: _____
- Wednesday: _____
- Thursday: _____
- Friday: _____

I understand that I must abide by the Michigan law and regulations governing child care agencies if I volunteer at Covenant House Michigan. I understand that my falsification, misstatement, or failure to fulfill Michigan law in this matter will prohibit me from volunteering at Covenant House Michigan. I hereby release Covenant House Michigan and its agent's officers and employees from liability for any damages whatsoever incurred in obtaining all information and references.

The foregoing answers are complete and true. No information has been withheld that would affect my application unfavorably. Each of my former employers and all other persons having information concerning me are authorized to give this information to Covenant House Michigan. My volunteer service at Covenant House Michigan will commence pending reference approval.

Volunteer/Intern Signature

Date

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here
or
Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Also Known as Name (AKA)	Social Security Number	Date of Birth
Address	City	State MI Zip Code
Phone Number	Email	
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input checked="" type="checkbox"/> X Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization Covenant House Michigan	Name of Requester Y'vonne R. McGhee, Director Human Resources		
Address 2959 Martin Luther King, Jr. Blvd	City Detroit	State MI	Zip Code 48208
Email ymcghee@covenanthouse.org	Fax 313-463-2003	Phone Number (313)463- 2000	
<p>Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.</p> <p>This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.</p> <p>The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.</p> <p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, Political beliefs or disability.</p>			



Background Check – Consent/Disclosure & Authorization Form

Disclosure

Covenant House MI (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

General Information Solutions LLC, a HireRight company ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at P.O. Box 353, Chapin, SC 29036, (866) 265-4917, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, education, professional licenses and credentials, references, address history, social security number validity, right to work, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information. It may also contain any other information with public or private information

Authorization

I hereby authorize Covenant House Michigan to obtain the consumer reports described above about me. By signing below, you authorize: (a) HireRight to request information about you from any public or private information source; (b) anyone to provide information about you to HireRight; (c) HireRight to provide us (Covenant House Michigan) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us. You acknowledge receiving the Federal Trade Commission's "Summary of Your Rights under the Fair Credit Reporting Act. The Federal Trade Commission provides a summary statement of your rights on its website at www.ftc.gov/credit. This summary is attached. If you are a New York applicant, a disclosure of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Applicant Name: _____
(Print)

Applicant Signature _____ Date: _____

Personal Information: Please print the information requested below to identify yourself for HireRight.

Printed name: _____
(First) (Middle) (Last)

Other names (including Maiden) used: _____

Address:

_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies/other information sources require the following when checking for records; HireRight will not use it for any other purposes.

_____ Date of Birth

_____ Social Security Number

_____ Driver License/Identification Number and Issuing State

_____ Name as it appears on driver license/identification

_____ (Signature)

_____ (Date)

Voluntary (EEOC) Information: Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

_____ (Race/Ethnicity – that you identify with)

_____ (Gender)

_____ Veteran (Yes / No)

_____ Disabled Yes / No



Volunteer Agreement and Release

I, the undersigned, wish to volunteer my services to Covenant House Michigan, a not for profit corporation. In consideration for allowing me to participate in Covenant House Michigan projects, and in consideration of Covenant House Michigan locating, arranging, coordinating and/or making available volunteer opportunities, I hereby agree and release Covenant House Michigan as follows:

I acknowledge that the nature of the volunteer services which are typically performed by Covenant House Michigan volunteers and which may be performed by me as a Covenant House Michigan volunteer, may involve

a) physical activity (including without limitation work with heavy tools and materials), b) contact with unidentified and unfamiliar persons, c) travel to and from unspecified locations, d) driving or riding in an agency vehicle and e) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to volunteer and hereby assume any and all risk in connection with my volunteer efforts and participation, including without limitation risk of any accident or injury to person or property which I may sustain in connection with my participation as a Covenant House Michigan volunteer or in any Covenant House Michigan related project or activity. In addition to the foregoing, I will only participate in Covenant House Michigan activities and projects that I am physically capable of participation without risk of injury to myself.

I hereby release Covenant House Michigan and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from, and covenant not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a Covenant House Michigan volunteer or in any Covenant House Michigan related activity or project, including without limitations, any negligence of Covenant House Michigan, its officers, directors, partners, employees, agents, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates. Furthermore, to the extent I utilize my own vehicle for transportation and other purposes, in connection to a project or activity; I hereby represent and warrant that I am, and the vehicle is, fully insured by law.

I hereby agree to indemnify and hold Covenant House Michigan, its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates harmless against any and all liabilities, claims, actions, damages, losses, judgments, fines, deficiencies, injuries, suits and proceedings at law or in equity, costs, or any other expense, fee or charge of any character or nature through all levels of appeal and any amounts paid in settlement of the foregoing which may be imposed upon, incurred or threatened by or upon Covenant House Michigan (or any related part as referenced above) or any of its property in respect to, or arising out of, my participation as a Covenant House Michigan volunteer or in any Covenant House Michigan related project or activity.

I further irrevocably grant to Covenant House Michigan, its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice, and biography in all media, publications, advertising and publicity, in connection with my participation with Covenant House Michigan and any Covenant House Michigan related activity or project.

This release shall inure to the benefit of Covenant House Michigan and its successors, licensees, agents, employees, affiliates, and assigns. This release shall be governed by the law of the State of Michigan.

Intern/Volunteer (Print Name)

(Date)

Intern/Volunteer (Signature)



Workplace Ethics

This **Ethics Statement** is intended to support a culture of openness, trust, and integrity, grounded in our Covenant House mission statement which calls us to *absolute respect* and *unconditional love* among ourselves and the young people who come to us.

Our employees are essential to our success, so we must each take responsibility for our own actions and conduct. Covenant House maintains certain policies to guide our employees regarding standards of conduct expected in areas where improper activities could damage the environment of the workplace, the agency's reputation, our relationship with supporters and donors, and – most importantly – the welfare of the youth we serve. In the course of conducting agency business, integrity must underlie all relationships, including those with our clients, donors, employees, volunteers, interns, contractors, vendors, officers or members of the Board of Directors.

It is incumbent upon Covenant House employees to embody and demonstrate the following traits that are crucial to the organization and constitute our **Code of Ethics**:

- Seek first and foremost the welfare of the youth we serve;
- Be professional in handling actual or apparent conflicts between other employees;
- Comply with all applicable government laws, rules and regulations;
- Maintain the confidentiality of information entrusted to us;
- Proactively promote ethical behavior among peers in the work environment;
- Protect and ensure the proper use of agency assets.
- Deal appropriately with Covenant House, its clients, vendors, volunteers, donors, employees, interns, contractors and Board of Directors;
- Provide constituents with information that is accurate, completely objective, relevant, timely, and understandable;

Intern/Volunteer (Print Name) / (Date)

Intern/Volunteer (Signature)



Confidentiality of Agency Information Agreement – Page 1

In consideration of my [Employment/Consultant Assignment /Internship /Volunteering] by COVENANT HOUSE MICHIGAN (CHM) and as a condition of such [Employment/Consultant Assignment/Internship/Volunteering]:

CONFIDENTIAL INFORMATION:

In the course of my [Employment/Consultant Assignment/Internship/Volunteering] with CHM, I may have access to Confidential Information, as defined below. I recognize the need for CHM to be fully protected from improper disclosure of confidential information and the need for the policies contained in this Agreement.

Therefore, in return for good and valuable consideration associated with my [Employment/Consultant

Assignment/Internship/Volunteering] by CHM, I agree as follows:

I recognize any Confidential Information is made available to me only for the limited purpose of performing my duties as a CHM [Employee/Consultant/Intern/Volunteer]. I agree that, during and after my [Employment/Consultant Assignment/Internship/Volunteering] with CHM, I will not directly or indirectly disclose any Confidential Information to any third person (including communications via social media) or use any such information for the benefit of anyone other than CHM without CHM's prior written consent. I will cooperate with CHM and use my best efforts to prevent unauthorized disclosure, use or reproduction of Confidential Information.

As used in this Agreement, "Confidential Information" means *any information in whatever form or format (including any formula, compilation, method, technique or process, related to CHM or its operations.* This includes information, without limits, about CHM or its operations, its staff, its clients, board of directors, volunteers, members, donors, prospects, suppliers, and other persons or entities with which CHM does business.

Confidential Information also includes, without limitation, information relating to the business of CHM, internal business procedures, processes, techniques, methods, ideas, developments, records, research and fund development data and programs, donor, prospect and media lists and related constituent information, contract terms, contracting policies, grants business plans, financial information and data, personnel and payroll information, and any other similar information that I have encountered, become aware of, or originated in the course of or arising out of my [Employment/Consultant Assignment/Internship/ Volunteering] with CHM.

Notwithstanding the foregoing, Confidential Information shall not include (i) information independently developed without the use of Confidential Information, and (ii) information that is or becomes publicly known through no breach of the terms of this Agreement.

CONFIDENTIAL INFORMATION OF OTHERS

I will not disclose to CHM nor induce CHM to use any confidential information received from another organization under an agreement or understanding prohibiting such use or disclosure. I will disclose to the organization the terms of any agreements to which I am or have been a party regarding such information of others. I understand that my [Employment/Consultant Assignment/Internship/Volunteering] by CHM will not require me to breach any such agreements.

Intern/Volunteer - Print Name



Confidentiality of Agency Information Agreement – Page 2

RECORDS AND MATERIALS:

Any and all business records of CHM, wherever located, including correspondence, notes, files, books, papers and information and data stored on removable storage devices, computer disks, cloud access, software or hardware, as well as print-outs of such data and information relating in any way to CHM or relating or arising out of Confidential Information shall be and remain the property of CHM. Upon termination of my [Employment/Consultant Assignment/Internship/Volunteering] with CHM for any reason or upon earlier request by the organization, I will immediately deliver to CHM all tangible written, graphic, machine readable and other materials (including all copies) in my possession or under my control containing or disclosing Confidential Information. I shall also maintain as confidential any information that cannot be returned, in accordance with this agreement.

LIMITATION OF AGREEMENT:

My obligation under this Agreement will survive the termination of my such [Employment/Consultant Assignment/Internship/Volunteering] regardless of the reason for such termination. This Agreement will inure to the benefit of and be binding upon the successors and assigns of CHM. I understand that the provisions of this Agreement are a material condition to my [Employment/Consultant Assignment / Internship / Volunteering] with the organization.

Any breach of this Agreement likely *will* cause irreparable harm to CHM for which money damages could not reasonably or adequately compensate the organization. Accordingly, I agree that CHM will be entitled to injunctive relief to enforce this Agreement, in addition to damages and other available remedies. This Agreement will be governed by and interpreted in accordance with the laws of the State of Michigan governing a contract.

REPLACEMENT OF OTHER AGREEMENTS:

This Agreement replaces all previous agreements relating to the same or similar matters that I may have entered into with CHM. This agreement may not be modified except by written agreement signed by the Director of Human Resources or the Executive Director of the organization. This Agreement will be deemed effective on the earlier of (i) the start of my [Employment/ Consultant Assignment/Internship/Volunteering] with the organization, and the date hereof.

RECEIVED BY:

Intern/Volunteer (Signature)

(Date)

Intern/Volunteer (Print Name)

(Assignment)



Code of Conduct with Youth – Page 1

The following guidelines are intended to assist employees and volunteers in making decisions about interactions with youth. For clarification of any guideline, or to inquire about behaviors not addressed here, contact your supervisor.

At Covenant House, we treat our youth with dignity and respect. We are committed to creating an environment for youth that is safe, nurturing, empowering, and that promotes growth and success.

No form of abuse will be tolerated, and confirmed abuse will result in immediate dismissal from our organization. Covenant House will fully cooperate with authorities if allegations of abuse are made that require investigation.

The Conduct with Youth outlines specific expectations of the employees and volunteers as we strive to accomplish our mission together.

1. Youth will be treated with respect at all times.
2. Youth will be treated fairly regardless of race, sex, age, or religion.
3. Employees and volunteers will adhere to uniform best practices of displaying affection as outlined by our organization.
4. Employees and volunteers will avoid affection with youth that cannot be observed by others.
5. Employees and volunteers will adhere to uniform best practices of appropriate and inappropriate verbal interactions as outlined by our organization.
6. Employees and volunteers will not stare at or comment on minor's bodies.
7. Employees and volunteers will not date or become romantically involved with youth.
8. Employees and volunteers will not use or be under the influence of alcohol or illegal drugs in the presence of youth.
9. Employees and volunteers will not have sexually oriented materials, including printed or online pornography, on our organization's property.
10. Employees and volunteers will not have secrets with youth and will only give gifts with prior permission.
11. Employees and volunteers will comply with our organization's policies regarding interactions with youth outside of our programs.
12. Employees and volunteers will not engage in inappropriate electronic communication with youth.
13. Employees and volunteers are prohibited from working one-on-one with youth in a private setting. Employees and volunteers will use common areas when working with individual youth.
14. Employees and volunteers will not abuse youth in anyway including (but not limited to) the following:
 - *Physical abuse*: hitting, spanking, shaking, slapping, unnecessary restraints *Verbal abuse*: degrading, threatening, cursing
 - *Sexual abuse*: inappropriate touch, exposing oneself, sexually oriented conversations
 - *Mental abuse*: shaming, humiliation, cruelty *Neglect*: withholding food, water, shelter
15. Our organization will not tolerate the mistreatment or abuse of one minor by another minor. In addition, our organization will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take steps needed to eliminate such behavior.

Code of Conduct with Youth – Page 2

16. Our organization will not tolerate the mistreatment or abuse of one minor by another minor. In addition, our organization will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take steps needed to eliminate such behavior.
17. Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:
- a) *Physical bullying* – when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.
 - b) *Verbal bullying* – when someone uses their words to hurt another, such as by belittling or calling another hurtful names.
 - c) *Nonverbal or relational bullying* – when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
 - d) *Cyberbullying* – the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:
 - e) Sending mean, vulgar, or threatening messages or images;
 - f) Posting sensitive, private information about another person;
 - g) Pretending to be someone else in order to make that person look bad; and
 - h) Intentionally excluding someone from an online group.
 - i) Hazing – an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person’s willingness to participate.
 - j) Sexualized bullying – when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.
- Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying. This policy applies to all youth, employees and volunteers.
18. Employees and volunteers will report concerns or complaints about other employees and volunteers, other adults, or youth to a supervisor.
19. Employees and volunteers will report allegations or incidents of abuse to the proper state authority. Please refer to the specific guidelines of your state regarding mandated reporting.
20. Employees and volunteers may not have engaged in or been accused or convicted of child abuse, indecency with a child, or injury to a minor.

I have read the Code of Conduct in its entirety and understand that any questions about the manual or its contents should be directed to my supervisor or the Human Resources Director immediately.

I understand that it is my responsibility to comply with the Code of Conduct as it deems appropriate at any time with or without notice.

Intern/Volunteer

(Print Name)

(Date)

Intern/Volunteer

(Signature)

(Page 2 – Code of Conduct with Youth)



Non-Discrimination Agreement

Welcome to Covenant House! We are pleased to have you as a part of our team. Thank you for your time and dedication to our mission, be it as a staff member or volunteer.

Covenant House is dedicated to maintaining a safe and secure environment for the youth we serve. We are committed to creating an inclusive environment where all youth feel unconditionally loved, respected, and empowered to be who they are. To that end, Covenant House requires that all new members of our community sign the below statement to ensure universal understanding.

Covenant House is committed to providing safe shelter and caring services to youth experiencing homelessness or who are at risk of homelessness. It is the policy of Covenant House to offer services to all youth who are otherwise eligible for our programs, regardless of actual or perceived: race; color; religion or creed; national origin; citizenship status; disability; sexual orientation; gender, gender identity, and gender expression; marital status and partnership status; pregnancy; status as a veteran or active military service member; status as a victim of domestic violence, stalking and sex offenses; or lawful source of income. It is also the policy of Covenant House to provide reasonable accommodations to individuals with disabilities.

Covenant House is committed to respecting the rights of young people to identify as members of the LGBTQ+ and/or TGNC communities.

Covenant House welcomes the free expression of religion or religious beliefs by Youth. It is Covenant House's long standing policy to prohibit attempts to convert youth to a particular religion or attempt to encourage youth to adopt lifestyle choices that adhere to the mores of a particular set of religious beliefs.

You have been provided with this Non-Discrimination Statement to educate you on our policies. Please review and sign it with a staff member present and keep it with you for future reference.

Volunteer/Intern - Print Name

Date

Volunteer/Intern - Signature



**Covenant
House
Michigan**

Photography/Publicity Media Release and Consent Form

I _____ give (my) permission and consent to Covenant House Michigan (CHM) and its legal representatives, licensees, agents, and vendors to use my name, voice, picture and/or likeness, including reproductions thereof, in connection with any of its promotional activities for up to three (3) years from today’s date. I understand and accept that I will not receive and am not entitled to receive any compensation now or at any time in the future. I hereby waive any right to inspect or approve the finished images or other content, including advertising copy or printed matter, in which they may be used.

I understand my photograph or likeness may be copied and distributed by means of various media, including video presentations, television, news bulletins, mail outs, billboards or signs, brochures, social media (Facebook, Twitter, Instagram, etc.) placement on the CHM website, or newspapers. I understand that, although CHM will endeavor to use my photograph or likeness in accordance with standards of good judgment, CHM cannot warranty or guarantee that any further dissemination of my photograph or likeness will be subject to CHM supervision or control. Accordingly, I release CHM from any and all liability related to dissemination of my photograph or likeness.

I understand that any image used of me by CHM, including film, photographic prints, digital files or video are the exclusive property of CHM and I grant to CHM the unrestricted right to copyright, publish and republish the images.

By signing this form, I acknowledge that I am at least 18 years old, and have read and understand the contents of this document.

Volunteer/Intern - Name Print

Volunteer/Intern - Signature

Date



OR

I decline use of my image in any of Covenant House Michigan’s Media publications.

Volunteer/Intern - Print Name

Volunteer/Intern - Signature

Date

Retain this page for your records

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

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

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

Retain page for your records

A Summary of Your Rights Under the Fair Credit Reporting Act

<p>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:</p> <p>TYPE OF BUSINESS:</p>	<p>CONTACT:</p>
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember insured banks, insured state branches of foreign banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E./ Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 82-4357</p>