

**The Alpha Leadership Project (ALP)
Volunteer Mentor Application**

DC-College Access Program (DC-CAP) • 1400 L Street NW, Suite 400 Washington, DC 20005 • (202) 783-2716

Please type or print clearly. All information provided will be treated as confidential solely and will only be used by the DC College Access Program (DC-CAP) for the purpose of assessing volunteer candidates' qualifications for acceptance into The Alpha Leadership Project.

Name: (Last)	(First)	(Middle Initial)
Home Address:		Home Phone:
City:	County:	State: Zip:
Cell Phone:	E-mail:	
Home address, including county, Previous address if you have lived at current address for less than 3 years: <i>attach separate sheet if needed</i>		
Date of Birth:	Social Security Number:	
Race/ethnicity:		
Language(s) other than English:		

Employment

Profession:	Job title:
Employer:	
Employer Address:	Number of Years on the Job:
City:	State: Zip:
Work Phone:	Work Fax: E-mail:

Education

University/College	Name & Location:
	Major: Dates attended: Degree:
Graduate School	Name & Location:
	Field: Dates attended: Degree:
Trade School	Name & Location:
	Field: Dates attended: Diploma/Degree:
Military Service	Branch, rank, dates of service:

History of Working with Youth

Have you ever worked with youth? Yes <input type="checkbox"/> No <input type="checkbox"/>	What age Group?
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If yes, briefly describe your experience, responsibilities, and group with whom you worked.

To what extent do you feel comfortable talking with a teenager about the following?

	Very	Somewhat	Slightly	Not at all
A) Academic Skills				
B) College Planning				
C) Career Planning/Job preparation				
D) Personal Issues				

General Information

Hobbies, favorite recreational activities: Please check all that apply

- | | | | |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> Computers/Video Games | <input type="checkbox"/> Museums | <input type="checkbox"/> Theater | <input type="checkbox"/> Sports (general) |
| <input type="checkbox"/> Cooking/Eating Out | <input type="checkbox"/> Music (general) | <input type="checkbox"/> Reading | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Dancing | <input type="checkbox"/> Writing | <input type="checkbox"/> Football |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Shopping | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> | <input type="checkbox"/> Playing music | <input type="checkbox"/> | <input type="checkbox"/> Working out |
| <input type="checkbox"/> Other (please specify) _____ | | | |

Do you have children? Yes No If yes, how many? (Please list ages)

Why do you want to be a mentor?

Why do you want to be a mentor?

How did you hear about The Alpha Leadership Project?

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Medical History

Do you have any medical condition(s) that would limit your participation? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Legal History

(This section is necessary to protect the safety of our youth participants. All information will be treated as confidential.)

Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Have you ever been convicted of felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Have you had any past or present problems related to abuse of drugs or alcohol? yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Multimedia Release

I understand that by signing this application I hereby consent to the use of my name, likeness and speech in any audiotape, videotape, film, photograph, or electronic transmission or display made during the course of the DC-CAP Alpha Leadership Project's social, cultural, extracurricular and marketing events and activities.

I certify that the above responses are true to the best of my knowledge.

Signature

Date

Additional application requirements:

- ✓ **References:** (One co-worker, one from an organization that you are affiliated with or have worked with, and one from a professional or personal acquaintance.)

Personal:

Name: _____

Address & Phone Number

Organization:

Name: _____

Address & Phone Number

Professional: Name: _____

Address & Phone Number

FOR OFFICE USE ONLY (Initials of recording staff person must accompany each entry)

Application Rec'd.	Entered in Dbase	Training Date

Consumer Report Disclosure and Authorization

Disclosure

As part of our hiring process, _____ may request "Consumer Reports" and/or Investigative Reports on you from an investigative reporting, Consumer Reporting Agency solely for your potential/current and or continued employment with this company. These reports may include information about your character, general reputation, personal characteristics, mode of living and credit related matters. The nature and scope of the investigation may include, but will not be limited to the following: Civil and Criminal Records, Current and Past Residence Verifications, Education Verifications, Employment History, License Verifications, Credit History and may involve a review of records of the local Department of Motor Vehicles. These consumer reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right to receive upon written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have a right to make a request to the Consumer Reporting Agency, upon proper identification, to request the nature and substance of all information in its files on you at the time of the request, including the source of the information.

The name of the Investigative Consumer Reporting Agency conducting the consumer report/investigative consumer report is **ScreenThem Background Investigations, Inc. (ScreenThem®)**, PO Box 7600, Alexandria, VA 22307, 1-800-423-0202. Their website address is **www.screenthem.com**. You may find ScreenThem's privacy practices, on their website under Privacy Policies.

You are being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. section 181 (g & c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights.

California applicants or employees only: By signing below, you also acknowledge receipt of the notice regarding **Disclosure Concerning Consumer Reports – California**. Please check the box below if you would like a copy of your investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Minnesota Applicants or employees only: Upon written request, you may obtain a copy of your **credit** report if the Company obtains one by checking the "yes" box. Yes No

New York & Maine Applicants or employees only: Upon written request, you may obtain a copy of your **consumer report** if the Company obtains one by checking the "yes" box. Yes No

Oklahoma Applicants or employees only: Upon written request, you may obtain a copy of your **consumer report** if the Company obtains one by checking the "yes" box. Yes No

Authorization

I have read and understand the foregoing and hereby authorize this company to obtain one or more consumer reports on me for the purposes described above, including, if requested, obtaining a credit report from a consumer credit reporting agency. I understand that this disclosure and authorization covers (1) consumer report obtained in connection with my application for employment and (2) if I am hired or if I am an existing employee, additional consumer reports may be obtained during my tenure. I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act (FCRA), and may have additional rights under relevant state law. **I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.**

I agree that a facsimile (fax) or photocopy of this authorization shall be valid as the original for this and any future background investigation that be deemed necessary.

Please Print Your Name: _____

Today's Date: _____ **Your Signature** _____

ScreenThem® Background Investigations, Inc.

BACKGROUND CHECK RELEASE FORM

I, _____ (Print your name legibly) am aware that _____ has requested ScreenThem Background Investigations, Inc. (ScreenThem®) to perform a background check in connection with my application for employment with this company. Any information obtained as a result of such an investigation is confidential and will be provided only to _____. I have voluntarily provided the information listed. I am fully aware of the purpose of this background check, and therefore request that people, companies, references, current or former employers, schools, government agencies, any and all credit reporting agencies and others contacted, provide applicable information to ScreenThem®. ScreenThem® is a professional background investigation firm performing the background checks as its normal course of business. ScreenThem® may make an investigative report in which information is obtained through business associate, financial sources, and credit reporting agencies, educational institutions, law enforcement agencies, or other third parties with whom I may be acquainted.

I hereby release ScreenThem®, its authorized agents, and all persons and organizations providing information, from all claims and liabilities of any nature in connection with this research. I understand that by signing this document I am agreeing and giving permission to perform the background check. I authorize that a fax or photocopy of this Authorization may be considered as valid as an original.

APPLICANT OR CURRENT EMPLOYEE – PLEASE COMPLETE THIS SECTION

Print your full name: (please include middle name)								
		(First)		(Middle)		(Last)		
Print other names you have used: (Maiden names, Alias, other)								
		(First)		(Middle)		(Last)		
Please indicate Month and Year Name Changed:			Month:		Year:			
Current Address:	House #	Street:			Apt #:			
City:			State:			Zip:		
Please list all additional Cities, States & Zip codes you have lived within the past 7 years – Attach a separate sheet if more space is needed.								
		Please include City and Zip				From - Year	To - Year	
State:		City:		Zip:		Year:	Year:	
State:		City:		Zip:		Year:	Year:	
State:		City:		Zip:		Year:	Year:	
Social Security No.:				Date of Birth: (mm/dd/yyyy)				
Driver's License No.:				State of Issue:				
MAY WE CONTACT YOUR CURRENT EMPLOYER?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Daytime Phone#				Email Address:				
Please provide a daytime phone number & or email address, where we can reach you should we have any questions								

The information above is requested solely to compare with any data uncovered during this background check/pre-employment screening investigation for employment purposes.

Your Signature: _____ Today's Date: _____

Para informacion en espanol, 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 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.
- **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. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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