



Maryland Mentor Volunteer

Volunteer Screening Disclosure & Authorization

The Volunteer screening process for RFL Coaching and Administrative positions may include one or more of the following:

- I. A **background search** to verify previous work experience and professional/educational credentials using the social security number and date of birth you've provided.
- II. A **criminal background check** through the Criminal Justice Information System (CJIS). To obtain a CJIS report, you must submit a complete and legible set of fingerprints, taken by any local law enforcement agency.
- III. A **motor vehicle records** check to determine whether the candidate is suitable to operate a motor vehicle during the performance of their regular duties.
- IV. CDL **medical examination screening** through Secure Medical Care (SMC). The US Department of Transportation (DOT) regulates medical standards for holders of commercial driver's licenses (CDL Drivers).
- V. **DOT drug and alcohol screening** through Secure Medical Care. In addition to a physical examination, all drivers are subject to DOT drug/alcohol screening requirements.

Please complete the authorization form and return it to:

Ms. Hillary Clagett
304 First Street
Rockville, Maryland 20850
shclagett@hotmail.com

Name: _____
 (First) (Middle) (Last) (other names used)

Address: _____
 (Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State: _____ Class: _____ Exp.: _____

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon written request. I also understand that I may receive a written summary of my rights in accordance with 15 U.S.C. §1681 et. Seq. I agree that this authorization shall remain valid for the duration of my Volunteer services with the City of Rockville. I certify that the information contained on this authorization form is true and correct and that I may be subject to adverse action, up to and including termination based on any false, omitted or fraudulent information.

Volunteer Signature Date

For Human Resources Department Use Only

Job Title: _____

SSCI KROLL CJIS CDL medical CDL A&D MVA

Department: _____ Division/Job location: _____

Desired Start Date: _____ Grade: _____ Step: _____ Fund: _____

Department: _____ Unit: _____

Hiring Supervisor Name: _____ Extension #: _____