



the learning centers at fairplex

the Ambassador Volunteer Program

TLC Ambassador Application

PLEASE READ THIS CAREFULLY BEFORE COMPLETING THIS APPLICATION

This organization does not discriminate in the recruitment and placement of volunteers on the basis of race, color, religion, national origin, sex, marital status and disability, age or veteran status. No questions on this application are intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully but its receipt does not guarantee a volunteer position. This organization agrees to use confidential information for its agreed purpose and to keep all information secure.

ALL VOLUNTEER POSITIONS REQUIRE A BACKGROUND CHECK AND ARE VALID FOR ONE YEAR.

Name: _____ Cell/Preferred Phone: _____

Alternate Phone: _____ E-mail address: _____

How many years have you volunteered at Fairplex and which events? _____

If you were referred to the program by a current volunteer, please list his/her name: _____

Have you ever been convicted of a felony or misdemeanor? YES NO If yes, please describe: _____

(A conviction does not mean you will not be offered a volunteer position. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts so that a fair decision can be made.)

EMERGENCY INFORMATION (Please note that hospitals ONLY allow next of kin to make decisions on your behalf)

Emergency Contact: _____ Relationship: _____

Contact Phone Number: _____ Alternate Phone: _____

Any medical problems, allergies, etc. that we should be aware of in the event of an emergency: _____

Do you have a caregiver and if so, what is his/her name and number: _____

I authorize treatment in the event of a medical emergency. I release The Learning Centers at Fairplex, Los Angeles County Fair Association, County of Los Angeles and its partners from any claim or liability for any injury or illness resulting to myself, not occasioned by any fault or neglect on the part of The Learning Centers at Fairplex, Los Angeles County Fair Association and its partners, while participating in such volunteer activities.

EXPOSURE/ENVIRONMENTAL CONDITIONS	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Ability to lift 25 lbs. or more	<input type="checkbox"/>	<input type="checkbox"/>	Volunteering outdoors (direct sunlight)	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with children/young adults	<input type="checkbox"/>	<input type="checkbox"/>	Volunteering outdoors (shaded area)	<input type="checkbox"/>	<input type="checkbox"/>
Standing for periods in excess of three hours	<input type="checkbox"/>	<input type="checkbox"/>	Walking distances greater than a mile	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering indoors only	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

By registering to be a TLC Ambassador I grant The Learning Centers at Fairplex, Los Angeles County Fair Association and its partner's permission to use my photograph, video or film likeness, for promotional use in any related media.

BACKGROUND DISCLOSURE AND AUTHORIZATION FORM

The Los Angeles County Fair Association (the Company) will procure a consumer report and/or investigative consumer report on you in connection with your volunteer application (including independent contractor assignments, as applicable). These background reports may be obtained at any time after receipt of your authorization and, if you are engaged by the Company, throughout your volunteer participation.

Intelius Screening Solutions LLC, a consumer reporting agency, will obtain the report for the Company. Intelius Screening Solutions is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: *credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks.* The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

First Name: _____

Full Middle Name: _____

Last Name: _____

Date of Birth: _____

SSN: _____

Address: _____

If you volunteered in 2014, have you lived in a different county since that time? YES NO

Driver's License #: _____ State of Issue: _____

Additional Names Known As: _____

This information is being collected to conduct the background screen on you. It will not be used for any other purpose.

Provided to you with this authorization is a [Summary of Your Rights Under the Fair Credit Reporting Act](#) in a form prescribed by the Federal Trade Commission. Please do not sign this authorization until you have received and reviewed this summary.

You may request more information about the nature and scope of the background report by contacting the Company.

California, Minnesota, and Oklahoma applicants only: check this box if you request a copy of the report ordered on you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York, or Washington state applicant, employee, or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may contact Intelius Screening Solutions during normal business hours (9am to 5pm PST, Monday through Friday) to obtain and review all information in your file. You may obtain such information by appearing in person at Intelius Screening Solutions' offices, during normal business hours and upon reasonable notice, and upon submitting proper identification and paying the costs duplication services. You may be accompanied by one other person, provided that person furnishes proper identification. You may also obtain a copy of your file by certified mail, if you have previously provided identification in a written request that your file be sent to you or a third party identified by you. You may also obtain a summary of your file by telephone, upon providing proper identification. Intelius Screening Solutions has trained personnel available to explain your file to you, including any coded information.

CALIFORNIA (En Español): De acuerdo con el artículo 1786.22 del Código Civil, se puede llamar a Intelius Screening Solutions por los horarios normales de trabajo (9 de la mañana a 5 de la tarde, tiempo del pacífico, lunes a viernes) para sacar y examinar su archivo privado en detalle. Para conseguir una copia de su archivo privado, se puede hacer una visita en persona a la oficina de Intelius Screening Solutions por los horarios normales de trabajo, al darnos aviso razonable, al presentarnos de identificación apropiada, y al pagarnos las cuestras de duplicación. Otra persona puede acompañarle con tal que también se traiga identificación apropiada. Se puede pedirnos que le mandamos por correo certificado una copia de su archivo privado con tal que hayamos recibido una solicitud escrita que se lo mandemos una copia de su archivo privado a Usted o tal tercer partido que esté identificado por Usted. También se puede pedir por teléfono un resumen de su archivo privado, al presentarnos identificación apropiada. Empleamos trabajadores cualificados, a quienes están disponibles para explicárselo el contenido de su archivo privado con más detalles, incluso algunos datos cifrados.

BACKGROUND SCREENING AUTHORIZATION

I have carefully read and understand this disclosure and authorization form and I have received a copy of the "[Summary of Your Rights Under the Fair Credit Reporting Act](#)" provided with this form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Intelius Screening Solutions LLC, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

Date: _____

Signature: _____