

Committees

____ Fundraising

____ Education

____ Facilities & Operations

____ Marketing

____ Play Reading

____ Programming (Events)

Any specific times/days that you are available? Are not available? _____

Please answer the following question:

Have you ever been convicted of a crime, other than a minor traffic violation, either as a juvenile or an adult? Yes or No (circle one)

If yes, please provide the nature of the offense, the date and court of conviction, and any other information which you believe we should know.

I agree to conform to all La Crosse Community Theatre policies applicable to volunteers and comply with all applicable safety practices.

Signature

Date

Signature of Parent/Guardian (if under 18)

Date

(Optional Information for use in grant requests)

Date of Birth _____ Ethnicity _____

Place of Employment _____

Position _____

Education _____

**Please return to:
La Crosse Community Theatre
PO Box 1852
La Crosse, WI 54602-1852**

(This page does not apply to volunteers under the age of 18.)

DISCLOSURE

As part of our volunteer background investigation, we may obtain investigative consumer reports. The investigative consumer report may include criminal history reports and sex offender registry records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I, _____ authorize La Crosse Community Theatre and its agent, **IntelliCorp Records, Inc.** to perform a criminal background check on me and check against the national sex offender registry, and authorize any duly authorized agent of **IntelliCorp Records, Inc.** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc.** to furnish the above-mentioned information.

I have the right to make a request to **IntelliCorp. Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

Printed Name

Applicant Signature

Date