



CONSENT AND DISCLOSURE

Applicant's Legal Name: _____

I understand that Michigan Blood will utilize the services of STERLING INFOSYSTEMS, INC. DBA STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011 ('STERLING'), as a part of the procedure for processing my application for volunteer placement. I also understand that if my application is granted, Michigan Blood may obtain further information through subsequent investigations by STERLING so as to update, renew or extend this arrangement, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include obtaining information regarding:

- Civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years
- Any other adverse item of information covering up to the last seven (7) years
- Criminal records without any time limitations, subject to any limitations or exceptions applicable under state and federal law

I also understand that before I am denied placement as a volunteer, based in whole or in part, on information obtained in the criminal background check, I will be provided with a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with any of the information in the report, I must notify Michigan Blood within five business days of my receipt of the report that I am challenging the accuracy of the information contained in this report with STERLING and advise Michigan Blood as to the basis of my challenge.

In exchange for Michigan Blood's consideration of my application to volunteer, I agree not to file or pursue any complaints, claims or legal actions of any kind against STERLING for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against Michigan Blood or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

I hereby consent to this investigation and authorize Michigan Blood to procure a consumer report and/or investigative consumer report on my background as stated above from STERLING. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and other information below for my own benefit and fully understand that all relevant decisions are based on legitimate non-discriminatory reasons.

I also hereby acknowledge that I have received a copy of Michigan Blood's Volunteer Criminal Background Check Policy. I have been advised and understand that Michigan Blood will answer any questions which I may have regarding the policy and that my questions should be addressed to the Volunteer Services Coordinator.

Prior to signing this Acknowledgement Form, I read it carefully and had an opportunity to ask questions regarding its content.

Signature _____

I understand that typing my name stands as my legal signature.

Date _____

1 of 2
over

PLEASE PRINT CLEARLY

Full First Name _____

Middle Name or Initial _____

Last Name _____

Date of Birth ____/____/____

All Other Names Known By _____

Social Security Number ____ - ____ - _____

Male Female

Drivers License Number _____

Primary Telephone Number (____) _____ - _____

CURRENT ADDRESS

Street Address and Apartment # _____

City _____ State _____ Zip Code _____ # yrs at this address _____

PREVIOUS ADDRESS

Street Address and Apartment # _____

City _____ State _____ Zip Code _____ # yrs at this address _____

PREVIOUS ADDRESS

Street Address and Apartment # _____

City _____ State _____ Zip Code _____ # yrs at this address _____