



White Pine County School District

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(775) 289-4851 FAX (775) 289-3999
www.whitepine.k12.nv.us

Our vision is to collaboratively grow leaders who will change the world!

Volunteer Information Form and Request for Background Investigative Report Form For Release to White Pine County School District

Site Requesting Volunteer

Date: _____

Signature of Site Administrative Assistant

Reason for Volunteering/Date

Name: _____

Address: _____

Cell Number: _____

Secondary Number: _____

SS#: _____

Beginning Date: _____

I, _____, hereby consent
Last First MI

to the examination of my fingerprints by the Federal Bureau of Investigation and State of Nevada,
and the submission of these findings to the school district.

Signature

Date

ATTACH COPY OF IDENTIFICATION:

DRIVERS LICENSE AND/OR SOCIAL SECURITY CARD IS PREFERRED.

Okay to Volunteer – Background Investigation Passed _____

Superintendent Signature

Date

Revised 10/7/25

BOARD OF SCHOOL TRUSTEES

*Candice Campeau, Chair • Lindsay Costello, Vice Chair • Krystal Blades, Clerk • Jalee Williams, Student
Blaze Griffin, Member • Angie McVicars, Member • Shella Nicholes, Member Dr. Adam Young,
Superintendent*

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of **White Pine County School District** may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with **White Pine County School District's** consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with **White Pine County School District**, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

IV. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.

VI. Upon proper identification, you have the right to make a request to GIS, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that GIS has previously furnished. Communications with GIS should be directed to PO Box 353, Chapin, SC 29036 or (866) 265-4917.

CANDIDATE COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth

Social Security Number

Home Address

City State Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? No Yes **If yes, please provide city, state and date of conviction and details of conviction including and law agency involved.**

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by (INSERT COMPANY NAME) by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

WHITE PINE COUNTY SCHOOL DISTRICT

ACKNOWLEDGEMENT REQUIREMENT TO REPORT CHILD ABUSE OR NEGLECT AND CORPORAL PUNISHMENT

As an employee of or volunteer for White Pine County School District you have an obligation as follows. As regulated in NRS 432B, you are hereby notified that as a requirement of your current position, if you know or have a reasonable cause to believe that a child under the age 18 has been abused or neglected, or subjected to corporal punishment, you are required to report the abuse, neglect, or corporal punishment to an agency providing child welfare services or to a law enforcement agency no later than twenty-four (24) hours after you know or have reasonable cause to believe abuse, neglect, or corporal punishment has occurred. Persons specified by NRS 432B include, but are not limited to:

- Nurse
- Psychologist
- Athletic trainer
- Emergency medical technician
- Social worker
- Administrator
- Teacher
- Librarian
- Counselor
- Speech Pathologist and Audiologist
- Physical/Occupational/Music therapist
- Any person employed by a public school and any person who serves as a volunteer at such school
- Any adult person who is employed by an entity that provides organized activities for children

Failure to comply is punishable by law under NRS 432B.240.

I acknowledge my position requires me to report my reasonable belief that a child has been abused or neglected.

Employee Signature: _____ Job Title: ____

Print Name: _____, _____ Date: _____

Manager/Supervisor Signature: _____ Date: _____