THE OHIO MASONIC COMMUNITIES
RESOURCE CENTER

(877) 881-1623
omcresourcecenter.org
Application and Background Check

Submit completed form to dkinney@omcoh.org or mail to
P.O. Box 483 | Martins Ferry, OH 43935

Masonic Volunteer Program Application

Name: _____
First Name Middle Name (requested if applicable) Last Name

Address: _____

_____

Phone#: _____

E-Mail: _____

Lodge/Chapter: _____

As a volunteer with The Ohio Masonic Communities Resource Center Masonic Volunteer Program, I agree to work in conjunction with the OMCRC Community Outreach Coordinator and MVP committee chairman to provide assistance to resource center clients and to maintain the confidentiality of those clients. I acknowledge that no compensation will be paid for my participation. While a committee volunteer, I agree to conduct myself in a manner which is consistent with Masonic Principals. I agree to indemnify and hold harmless The Ohio Masonic Communities and the program from the consequences of my own actions. I also consent to OMC using depictions of my participation in the program for promotional purposes.

Signature _____ Date: _____

Additional Information Necessary to Facilitate Background Check

Please provide any previous names/maiden names or nicknames that have ever been associated with your name:

_____

Previous

Addess: _____
Street Address (No PO Box) City State Zip County

How long have you lived at current address? _____

**Date of Birth: _____ / _____ / _____

***** Crimcheck will only use this information for background screening purposes and no other purpose.***
Sign and date reverse side.

ACKNOWLEDGMENT AND AUTHORIZATION OF BACKGROUND CHECK

By signing below, I authorize [The Ohio Masonic Communities Resource Center] to obtain "consumer reports" and/or "investigative consumer reports" about me during the course of the application process and during the course of my relationship/contract period, to the extent permitted by law. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting Crimcheck.com, 150 Pearl Rd, Brunswick, OH 44212 [1-877-992-4325].

Minnesota applicants or employees only: You have the right, upon written request to Crimcheck.com, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Crimcheck.com, Inc. must make this disclosure within five days of receipt of your request or of Employer's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by Employer. ☐

Massachusetts and New Jersey applicants or employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency, Crimcheck.com, Inc., directly.

Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by Employer. ☐

New York applicants or employees only: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, Crimcheck. If a consumer report is requested, you will again be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting Crimcheck. By signing, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants or employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature: _____ Date: _____

Name: _____