



Getting started is easy!

1. Completing this form is the next step in setting up your volunteer and/or employment screening accounts.
2. Please complete this **Credentialing & Account Information Application, End User Certification, and Service Agreement.**
 - You may fill in most of this form in your browser by clicking on the form fields. (You may need to download Adobe Acrobat Reader version 5 or later at: <http://get.adobe.com/reader>)
3. Have an authorized user physically fill in and sign the signature blocks at the end of the Credentialing & Account Information Application, at the end of the End User Certification, and the top and bottom of the Service Agreement. 4 physical signatures in total. These signature fields are identified within the document by red "Sign Here" flags.
4. Send the completed agreements (we do not need the Notice to Consumers) to Verified Volunteers for activation via one of the two methods below:

- Email to: newaccounts@verifiedvolunteers.com or
- Fax to: 855-326-1862

Fax Cover Sheet (only fill out if returning document via fax)

Send To

From

Email or Fax

Organization

of Pages

Phone

In the event we need to contact you, please provide the following contact information.

Phone

Best time to be reached

Your Checklist:

(make sure you complete all of the below before submitting)

- ✓ I filled out the Credentialing and Account Information form.
- ✓ I checked off the Permissible Purpose sections (B & C).
- ✓ I completed the Bank Reference and Trade Reference section (D).
- ✓ I entered my Organization Name at the top of the End User Agreement.
- ✓ I physically signed the 4 red signature blocks in the forms.
- ✓ I have attached proof of my 501c3 exempt status.

Questions?

Contact Verified Volunteers toll free at: 1-855-326-1860

Upon our receipt of the completed and signed Agreement, you will be contacted if additional information is needed to establish your account.

We look forward to building a community of Verified Volunteers.

To learn more, contact:



Section A: Organization Information

Legal Name of Organization

DBA (Other Names You Do Business By)

Legal Street Address (No PO Boxes)

City / State / ZIP

Phone (xxx) xxx-xxxx

Fax (xxx) xxx-xxxx

Organization's Website URL

Billing Contact

Email

Billing Address

City / State / ZIP

Phone (xxx) xxx-xxxx

Fax (xxx) xxx-xxxx

Years in Business

Years

Months

If organization has been in business for one year or less, two of the following must be obtained and attached to application: (1) copy of utility bill or telephone bill in the business name, (2) copy of lease or proof of property ownership, (3) copy of bank statement addressed to the end user, (4) proof of commercial insurance

Section B: Permissible Purpose for Access to Verified Volunteers Background Checks

For volunteer screening purposes

For other permissible purpose (please describe)

Section C: Permissible Purpose for Access to SterlingBackcheck Background Checks

For employment screening purposes

For tenant screening purposes

For student screening purposes

For other permissible purpose (please describe)



Section D: References

Bank Reference

Name	<input type="text"/>		Phone	<input type="text"/>	
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Contact Name	<input type="text"/>		Date Account Opened	<input type="text"/>	

We need this information for credentialing purposes to ensure you are a bona fide entity. The information entered here is not associated in any way with your payment to Verified Volunteers.

Trade Reference

Name	<input type="text"/>		Phone	<input type="text"/>	
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Contact Name	<input type="text"/>		Doing Business Since	<input type="text"/>	

A trade reference is any vendor or business you regularly pay for services.

Section E: Primary Authorized User Information for your Verified Volunteers Account

Primary Authorized User Name	<input type="text"/>		Title	<input type="text"/>	
Contact Phone (xxx) xxx-xxxx	<input type="text"/>	Fax (xxx) xxx-xxxx	<input type="text"/>	Email	<input type="text"/>
Requested Username/Login (alpha/numeric, 6-20 characters, case sensitive)					
<input type="text"/>					

To learn more, contact:



Section F: Additional Authorized User(s) Information for your Verified Volunteers Account

Additional Authorized User Name

Title

Phone (xxx) xxx-xxxx

Email

Requested Username/Login (alpha/numeric, 6-20 characters, case sensitive)

Additional Authorized User Name

Title

Phone (xxx) xxx-xxxx

Email

Requested Username/Login (alpha/numeric, 6-20 characters, case sensitive)

Section G: Primary Authorized User Information for your Employee (SterlingBackcheck) Account

Leave blank if not signing up for employee screening or if the primary user for your employee (SterlingBackcheck) account is the same as the primary user you listed for your Verified Volunteers account.

Primary Authorized User Name

Title

Contact Phone (xxx) xxx-xxxx

Email

Requested Username/Login (alpha/numeric, 6-20 characters, case sensitive)

To learn more, contact:



Section H: Additional Authorized User(s) Information for your Employee (SterlingBackcheck) Account

Leave blank if not signing up for employee screening or if the additional authorized users for your employee (SterlingBackcheck) account are the same as the additional authorized users you listed for your Verified Volunteers account.

Additional Authorized User Name

Title

Phone (xxx) xxx-xxxx

Email

Requested Username/Login (alpha/numeric, 6-20 characters, case sensitive)

Additional Authorized User Name

Title

Phone (xxx) xxx-xxxx

Email

Requested Username/Login (alpha/numeric, 6-20 characters, case sensitive)

Section I: Additional Information

Organization Information

1. Organization name to be listed on Verified Volunteers badge

2. Number of volunteers: Number to be screened annually:

3. Number of employees (if applicable): Number to be screened annually (if applicable):

4. Yes, please send me an email notification when the report is complete. Please direct these emails to the following email address:

Only send me an email notification when a report is designated "Consider." Please direct these emails to the following email address:

No, I do not need email notifications at this time.

Volunteer Payment Options for Background Checks

	Level 1	Level 2	Level 3
Volunteers Pays (fill in the percentage)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Pays (fill in the percentage)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	100%	100%	100%
	<small>Volunteer is asked to make a contribution to help offset the cost of the check †</small>	<small>Volunteer is asked to make a contribution to help offset the cost of the check †</small>	<small>Volunteer is asked to make a contribution to help offset the cost of the check †</small>

Volunteer Payment Options for Repository Fees

	Level 1	Level 2	Level 3
Volunteers Pays (fill in the percentage)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Pays (fill in the percentage)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	100%	100%	100%
	<small>Volunteer is asked to make a contribution to help offset the cost of the check †</small>	<small>Volunteer is asked to make a contribution to help offset the cost of the check †</small>	<small>Volunteer is asked to make a contribution to help offset the cost of the check †</small>

† If Volunteer pays 100% of the background check, contribution question will not be asked even if it is set to Yes. If the contribution flag is Yes and the Organization is paying any portion of the check, then the contribution question will be asked and the amount that may be contributed is displayed (up to, but not exceeding the total cost of the background check).

To learn more, contact:



Section J: Credit Reports (only if ordering Credit Reports)

Do you have an Investigation License?
(If Yes, please provide a copy with this application)

Yes No

Estimated number of credit reports you will order monthly:

Do you already have a credit reporting
software package?

Yes No

If Yes, what is the name?:

Does your industry require a business license?
(If Yes, please provide a copy with this application)

Yes No

If ordering credit reports and operating out of a residence, please attach a copy of a Yellow Page listing in the organization name or a phone bill.

Letter of Intent for Credit Reports: Please provide a separate letter of intent on organization letterhead that must be signed by an officer or authorized manager.

The letter must include the following:

1. Nature of business
2. Its intended use for the service
3. Anticipated monthly volume
4. Intent on whether it anticipates its access to be primarily local, regional, or national.



Authorization

I/We certify that I/We will use the credit information/consumer/investigative report for no other purpose other than what is stated in the Permissible Purpose/Appropriate Use Section on this application and for the type of business listed on this application. I/We will not resell the report to any third party. I/We understand that if my/our system is used improperly by company personnel, or if my/our access codes are made available to any unauthorized personnel due to carelessness on the part of any employee of my/our company, I/We may be held responsible for financial losses, fees or monetary charges that may be incurred and that my/our access privilege may be terminated.

I agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original. The person signing must be authorized by your organization to sign on its behalf. Please print this form out and physically sign the document in the Signature box.

I am attaching a copy of our 501c3 tax exempt status.

I agree to the terms and conditions of this agreement.

Physical Signature

Date mm/dd/yyyy

Authorized By (Print or Type Name)

Title

Phone (xxx) xxx-xxxx

Email