



Disclosure to Applicants regarding a background check

Due to membership in the Muchachos Drum & Bugle Corps being open to youth under the age of eighteen (18) years of age, potential members or volunteers who have attained the age of eighteen (18), must be subjected to a background investigation to comply with Child Protection Statutes. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential membership, before making any adverse decision, we will provide you with a copy of the report and a description in writing of your rights under the law.

In connection with your application for membership, we must obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained from a number of sources. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested. The following is the disclosure of the Muchachos, Inc. "The information requested will generally be limited to that required to establish your suitability to be in the presence of children under the age of 18 under circumstances consistent with the operations of a Drum & Bugle Corps."

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the "Summary of Your Rights under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize us to obtain an investigative report about you in order to consider you for membership.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Date of Birth: _____