



2019-2020 Host Family Application

Adopt-A-Buc is a student-host family program at Dawson Community College. Community members who apply will be matched with a DCC student. Your role as a host family is to help the student find a home away from home. This is for the student to visit a family and have a local support system **not** a live with you program. For the safety of our students, a background check will be conducted on every individual living in a household over the age of 18.

Family Type: *Individual* ____ *Adults, no children* ____ *Adult with Children* ____

Total # in Household: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

"Parent" #1 Name: _____ **Male/Female:** ____ **Age:** ____

Preferred Phone: _____ **Email:** _____

Occupation and Place of Work: _____

"Parent" #2 Name: _____ **Male/Female:** ____ **Age:** ____

Preferred Phone: _____ **Email:** _____

Occupation and Place of Work: _____

List all children living in your home:

Name: _____ **Gender:** ____ **Age:** ____

Name: _____ **Gender:** ____ **Age:** ____

Name: _____ **Gender:** ____ **Age:** ____

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List non-related individuals living in your home:

Name: _____ **Gender:** ____ **Age:** ____ **Relationship:** _____

Name: _____ **Gender:** ____ **Age:** ____ **Relationship:** _____

List hobbies or areas of interest for the Adults (sports, music, arts, outdoors, etc... Be specific.):

List hobbies or areas of interest for the Children (sports, music, arts, outdoors, etc... Be specific.):

What languages, other than English, do you speak? _____

Your preferred student would be ... Female ____ Male ____ No preference ____

Your preferred student would be... In-State ____ Out-of-State ____ International ____

Would you prefer... 1 student ____ 2 students ____ No preference ____

List all pets living in your home: _____

How often would you like to meet with your student? Monthly / Biweekly / Weekly

Please share why you and your family desire to participate in Adopt-A-Buc: _____

Background Check

Dawson Community College may obtain information about you from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; www.verifiedfirst.com**. The scope of this disclosure allows Dawson Community College to obtain consumer reports now and throughout the course of your volunteering to participate in programs at Dawson CC to the extent permitted by law.

Disclaimer:

By providing my signature below, I acknowledge that I have voluntarily signed-up to be a host family through the Adopt-A-Buc program and I am giving permission that this information be shared with participants of the program, especially any students matched with my family. I agree to allow Dawson Community College to utilize photos of me and my family on the DCC website and social media, as well as on any Adopt-A-Buc marketing materials. I also acknowledge that I will not give any monetary or other large gifts or tickets to my assigned student, nor will the student travel with the family on a trip with extensive miles or expense.

Signature, "Parent" #1

Date

Signature, "Parent" #2

Date

Return this completed form.

Mail to:

Dawson Community College

ATTN. Jon Langlois

300 College Ave.

Glendive, MT 59330

Scan and Email to:

housing@dawson.edu



Additional applications and information about Adopt-A-Buc are available online at:
<https://www.dawson.edu/students/campus-life/adopt-a-buc/>

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by _____ (“Employer”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com and/or Employer.** I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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

PLEASE COMPLETE ALL FIELDS BELOW

Last Name		First Name	Middle Name <small>check box if no middle name</small>
Social Security Number* ###-##-####		Date of Birth* month/date/year	Email Address <small>required</small>
Driver's License Number	Issuing State*	Former Names/Aliases <small>separate aliases with comma</small>	

CURRENT ADDRESS

Street		Apt/Unit
City	State	Zip

FORMER EMPLOYER

Company	City, State
Position	Dates of Employment

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Applicant Signature

Date



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Signature: _____ Date: _____

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