



## Adult Volunteer Application

To be considered as a volunteer for Mont Belvieu Animal Shelter, please fill out application completely and accurately. Incomplete applications will NOT be processed.

### Volunteer Applicant Information

Name:	Date:
Address:	City/State/Zip:
Phone:	
E-mail:	
Date of Birth (month/day/year):	

### Emergency Contact Information

In case of emergency, please notify:

Name:	Relationship:
Address:	City/State/Zip:
Home Phone:	Business Phone:

### Availability

<b>What days/times are you available to volunteer?</b>				
<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
8 am-12 pm	8 am-12 pm	8 am-12 pm	8 am-12 pm	10 am-2 pm

### Volunteer Opportunities

**Which tasks would you be interested in volunteering for at the shelter?** Please note that cleaning help is the most needed and our highest priority at the shelter. We ask that all volunteers be willing to perform some cleaning tasks.

**Cleaning:**

- Cat kennel cleaning
- Dog kennel cleaning
- General shelter cleaning (laundry, dishes, sweeping/mopping, etc.)

**Socialization/Exercise:**

- Cat socialization/exercise
- Dog socialization/exercise

**Dog Grooming (only available to volunteers with previous experience or extra on-site training):**

- Bathing/brushing
- Hair cutting/nail trimming

**Training (only available to volunteers with current training certifications):**

- Dog obedience training

**Adoption Events:**

- Adoption events (loading and unloading animals, booth set up and tear down, engaging with the public, animal handling. Must be able to provide own transportation to event.)

**Animal Transport:**

- Dog/cat transport (must provide own vehicle and have clean driving record)

**Past Experience**

**Do you have any training or previous experience that would qualify you for one of the positions above? Please explain.**


**Background Information**

No  Yes **Have you ever been convicted of (or are currently out on bail for or out on your own recognizance pending trial for) any of the following crimes?**

- Any felony
- An offense against a person per TX Penal Code Title 5 or an out-of-state equivalent
- An offense against family per TX Penal Code Title 6 or an out-of-state-equivalent
- Cruelty to animals per TX Penal Code Sections 42.09, 42.091, 42.092, 42.10, or 42.105 or an out-of-state equivalent
- Robbery per TX Penal Code Chapter 29 or an out-of-state equivalent
- Burglary per TX Penal Code Chapter 30 or an out-of-state equivalent
- Theft per TX Penal Code Chapter 31 or an out-of-state equivalent
- Any drug offense per TX Health and Safety Code Title 6 or an out-of-state equivalent

If yes, list the date, charge and disposition of the conviction. A criminal record does not constitute an automatic bar to volunteer placement, and will be considered in terms of the

volunteer work to be performed. **However, failure to provide a complete criminal history will result in an automatic application denial.**

<b>Date, charge, and disposition of conviction:</b>

### **Application Release Statement**

**I certify that all statements I have made on this application are true and correct.** I hereby authorize the City of Mont Belvieu to investigate the accuracy of this information. I am aware that fingerprinting and/or a background check may be required before placement in some positions.

Signature of Volunteer Applicant:	Date:
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## City of Mont Belvieu Volunteer Agreement and Waiver and Release of Liability

If accepted as a volunteer for the Mont Belvieu Animal Services, a department of the City of Mont Belvieu, Texas, (collectively “the City”) my signature below indicates that I have read, understand, and agree to the following terms and conditions:

I, \_\_\_\_\_, (“Volunteer”), understand this is a Volunteer Agreement and Waiver and Release of Liability.

**VOLUNTEER SERVICES:** I understand that the scope of my relationship with the City of Mont Belvieu (“the City”) is limited to a volunteer position ONLY and that no compensation is expected in return for services provided; that the City will not provide any benefits of any kind whatsoever; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to the City.

**ASSUMPTION OF RISK:** I understand that the services I provide to the City may include activities that may be hazardous to me including, but not limited to, working in close contact with shelter animals, diseased animals, cleaning cages, feeding, watering, and grooming shelter animals, and other activities which may involve inherently dangerous activities. I acknowledge and agree that I am aware of and assume the many risks associated with being around animals, including but not limited to the risks of being bitten, scratched, jumped upon, knocked over, chased, tripped, infected with diseases, or otherwise injured or frightened. I am aware that accidents resulting in personal injury and property damage sometimes occur during participation in the activities described above and particularly can occur while I am participating in any activity working with animals. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and release the City from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

**WAIVER AND RELEASE:** I, the VOLUNTEER, agree to **RELEASE, INDEMNIFY AND FOREVER DISCHARGE AND HOLD HARMLESS** the City, elected officials, agents, employees, representatives and other volunteers from and against any and all liabilities, suits, actions, claims, proceedings, damages, judgments, awards, penalties, costs and/or expenses, and demands of whatever kind and nature, either in law or in equity, including but not limited to reasonable attorney’s fees, of whatsoever nature, past, present, or future (collectively, “Liabilities”), which in any way arise out of, related to, or may hereafter arise from the services I provide to the City. The obligations of VOLUNTEER under this Release shall apply to Liabilities even if it is alleged or proved that the incident in question was caused in whole or in part by the negligence of the City, elected officials, agents, employees, representatives and other volunteers. I understand and acknowledge that this Release discharges the City from any liability or claim that I may have against the City with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to the City or occurring while I am providing volunteer services. **IT IS INTENDED AND AGREED THAT THIS INDEMNITY PROVISION SATISFIES THE**

**“EXPRESS NEGLIGENCE RULE”.** The Volunteer further understands that the City, its elected officials, agents, employees, representatives are not waiving any sovereign or governmental immunity, which it or they have under Texas law.

**PHOTOGRAPHIC RELEASE:** I hereby irrevocably grant to the City and its officers, agents, employees, and representatives all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice (collectively referred to as “my likeness”) made by the City in connection with my providing volunteer services to the City. I understand and agree to the City’s use of my likeness in any and all forms of the City’s materials and publications (“materials” or “publications”) without payment or any other consideration. I understand and agree that these materials and publications will include but in no way be limited to website entries, social media postings, fliers, print materials, promotional videos, etc. I understand and agree the material and publications will become property of the City and will not be returned. I hereby irrevocably authorize the City to edit, alter, copy, exhibit, publish and distribute any images, videos or audio recordings or my likeness in any form of media for purposes of publicizing the City’s programs and any other lawful purpose. Additionally, I waive the right to inspect or approve the finished product or any materials or publications in which my likeness appears. I also waive any right to royalties or other compensation arising or related to the use of my likeness. I hereby hold harmless, release, acquit, and forever discharge the City from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf may have by reason of this release and authorization.

**MEDICAL TREATMENT:** I hereby release and forever discharge the City from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the City.

**INSURANCE:** I understand that the City does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the City beyond what may be offered freely by the City in the event of such injury or medical expenses incurred by me.

**CONFIDENTIALITY:** As part of volunteering at the City’s Animal Shelter, volunteers may be exposed to certain sensitive or non-public information. This information could include information relating to City employees, volunteers, members of the public, patrons of the Animal Shelter, donors, investigations and internal records. This information may be considered confidential under applicable Texas law including Texas Local Government Code Chapter 552 (the Texas Public Information Act) the disclosure of which carries criminal implications. Volunteers are not allowed to disclose or make any private use of such confidential information and agree to keep all such information confidential unless required to do disclose by State or Federal Law.

**TEXAS LAW:** Volunteer expressly agrees that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that it shall be governed and interpreted in accordance with the laws of the State of Texas. Furthermore, Volunteer

expressly agrees that if any one or more of the provisions contained in this Release and Waiver of Liability are held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release of Liability, which shall otherwise continue to be enforceable.

**ADDITIONAL REQUIREMENTS:** I agree to treat all people and animals I encounter during my time as a volunteer with respect and to cooperate fully with any and all employees, officers, and agents of the City of Mont Belvieu, other volunteers, and with members of the general public that may be present during my participation as a volunteer.

I understand that volunteering in an animal shelter environment may expose me to matters that may be emotionally distressing or difficult, including but not limited to abandoned, neglected, mistreated, injured, ill, or aggressive animals.

I understand that Mont Belvieu Animal Shelter performs humane euthanasia procedures when deemed necessary by the City of Mont Belvieu Chief of Police or their designee. I understand that I am not to interfere with, be present for, or otherwise be involved with any euthanasia procedures performed by shelter staff.

I will abide by all MBAS policies and procedures and follow the directions and/or instructions of any and all MBAS employees, officers, agents, or representatives.

I understand that I may be terminated from my role as a volunteer from the City of Mont Belvieu if I fail to abide by the terms of this agreement or for any other reasons, at the sole discretion of MBAS representatives. Terminations are final and the volunteer will not be allowed to volunteer again for the City of Mont Belvieu.

**BY SIGNING BELOW, I, THE VOLUNTEER, EXPRESS MY UNDERSTANDING AND INTENT TO ENTER INTO THIS VOLUNTEER AGREEMENT AND WAIVER AND RELEASE OF LIABILITY WILLINGLY AND VOLUNTARILY.**

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Signature of Volunteer Applicant

Date

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Printed Name

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Address

City/State/Zip

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Phone Number

E-Mail address

## Background Check Release

By signing below, I hereby consent to a background check performed by the City of Mont Belvieu and the investigation of all facts and circumstances given in the volunteer application to determine my eligibility for the position in which I am applying. I understand that the City of Mont Belvieu will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I understand that the findings resulting from a background check or investigation may disqualify me from acceptance as a volunteer for MBAS. I also understand that I may withhold my permission and that in such a case, no investigation will be performed, and my application for volunteering will not be processed further.

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Signature of Volunteer Applicant

Date

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Printed Full Name (First, Middle, Last)

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Previous Names (maiden name, etc.)

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Texas Driver's License Number

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Street Address

City/State/Zip

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Previous Addresses (in last 3 years)

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Date of Birth

Social Security Number

Please Check:     Male     Female

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime%20Records%20Information/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

**CITY OF MONT BELVIEU**  
\_\_\_\_\_  
Agency Name (Please print)

**ABIGAIL P. GODINEZ**  
\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> initial
Purpose of CCH: _____	
Empl <input type="checkbox"/> Vol/Contractor <input type="checkbox"/>	<input type="checkbox"/> initial
Date Printed: _____	<input type="checkbox"/> initial
Destroyed Date: _____	<input type="checkbox"/> initial
<b>Retain in your files</b>	



# **City of Mont Belvieu Animal Shelter Volunteer Policies**

## 1. Selection of Volunteers

Selection and acceptance of volunteers is at the sole discretion of the City of Mont Belvieu Chief of Police or their designee.

## 2. Age Requirements

Volunteers must be 15 years of age or older to be accepted into the volunteer program. Volunteers 15-18 years of age that are actively enrolled in high school will be placed in the Student Volunteer program. Adult volunteers 18 years of age or older that are NOT actively enrolled in high school will be placed in the Adult Volunteer program.

## 3. Volunteer Application, Agreement/Release, and Background Check

All individuals wishing to volunteer are required to complete and submit a Volunteer Application and Volunteer Agreement/Release. Adult applicants 18 years of age or older that are NOT actively enrolled in high school are also required to submit to a background check performed by the City of Mont Belvieu. Submission of application, agreement/release, and/or background check does not guarantee placement into the volunteer program.

## 4. Volunteer Days and Times

Adult volunteer times are Tuesday through Friday from the hours of 8:00 am to 12:00 pm, as well as Saturdays from 10:00 am-2:00 pm. Adult volunteers may also help with offsite adoption events, transportation, etc. (days/times vary).

## 5. Volunteer Orientation and Conduct

- a. If accepted to volunteer, individuals will be oriented to shelter operations, policies, and procedures.
- b. Volunteers are expected to follow the shelter standard operations, policies, and procedures at all times. Volunteers will not interfere with any operations, activities, or procedures performed by employees, representatives, or agents of

Mont Belvieu Animal Shelter, including but not limited to medical procedures and euthanasia. Refusal to abide by shelter standard operations, policies, or procedures, or refusal to follow direction/instruction of any and all MBAS employees, officers, agents, or representatives will result in termination from the volunteer program.

- c. Volunteers are required to sign in upon arrival and sign out upon departure of the animal shelter on the Volunteer Sign-In Sheet.
- d. Volunteers are expected to be present and on time for scheduled volunteer shifts. Three instances of tardiness of 30 minutes or more to a scheduled volunteer shift will result in termination from the volunteer program. Three instances of absence without notification at least 48 hours prior to a scheduled volunteer shift will result in termination from the volunteer program.
- e. Volunteers are required to wear the designated volunteer uniform while participating as a volunteer at the animal shelter. The designated volunteer uniform is as follows:
  - a. MBAS assigned volunteer shirt
  - b. Plain colored pants; no wording or designs permitted
  - c. Closed-toe shoes (preferably with tread or grip on sole, to prevent slipping)
  - d. Sweatshirt or jacket permitted while outdoors in cold or rainy weather
  - e. Jewelry or piercings that are dangling or otherwise may be caught on objects or animals are not permitted

Volunteers not in compliance with the volunteer uniform requirements upon arrival to a volunteer shift will be dismissed from the shift. Volunteers are allowed to return with the correct uniform within 30 minutes of dismissal. Three instances of non-compliance of the volunteer uniform will result in termination from the volunteer program.

- f. Volunteers are expected to treat all people and animals encountered during time as a volunteer with respect and to cooperate fully with any and all employees, officers, and agents of the City of Mont Belvieu, other volunteers, and with members of the general public that may be present during participation as a volunteer.
- g. Interaction with members of the general public may occur while volunteering at the animal shelter. Volunteers are allowed and encouraged to greet and interact with individuals entering the shelter. However, shelter staff are responsible for assisting individuals that enter the shelter, NOT volunteers.

Volunteers are required to refer to shelter staff for any and all inquiries, intake procedures, outgoing animal procedures, or any other matters outside of volunteer duties. In the event that a member of shelter staff is not present in the front lobby when an individual enters the shelter (due to restroom use, attending to a matter elsewhere in the shelter, etc.), volunteers will kindly greet the individual and notify a staff member of their arrival.

## 6. Volunteer Activities

Volunteers will be asked to perform activities that provide a benefit to the animal shelter, its resident animals, and/or its employees. Common activities include:

- Cleaning of dog and cat kennels
- General shelter cleaning (sweeping/mopping, dishes, laundry, etc.)
- Dog and cat exercise and socialization
- Dog and cat grooming (available to adult volunteers with prior experience/training ONLY)
- Dog obedience training (available to adult volunteers with valid training certifications ONLY)
- Assistance with adoption events (available to adult volunteers ONLY)
- Animal transportation (available to adult volunteers ONLY)
- Any other tasks as assigned by shelter staff

## 7. Restricted Areas

Most areas of the animal shelter are accessible by volunteers. However, volunteers ARE NOT allowed in the Medical room, Dog Quarantine room, Cat Quarantine room, or Animal Services Officer office unless accompanied or given permission by an MBAS staff member.

## 8. Confidential Information

Volunteers may be exposed to shelter information that is not available to the general public. Volunteers are allowed to photograph, record, and/or disperse information regarding currently adoptable animals ONLY. Volunteers are not allowed to photograph, record, and/or disperse information regarding animals that are currently not adoptable (on stray hold, in quarantine, under medical or behavioral treatment, etc.), animal services cases, or any other information that is not available to the general public. If a volunteer is unsure if information is confidential, he/she should confirm with a staff member prior to disbursing the information.

9. Bite/Scratch Incidents

If a volunteer is bitten or scratched by an animal while volunteering, the bite or scratch must be reported immediately to shelter staff.

10. Inactive Volunteers

To remain active, volunteers must perform at least one volunteer shift in a period of one year. Volunteers that do not perform one volunteer shift in a period of one year will be terminated from the volunteer program and will need to submit a new volunteer application.

11. Alcohol and Drug Use

Volunteers will not be permitted to volunteer while under the influence of alcohol, drugs, or other substances that effect cognitive function. If a volunteer is suspected of being under the influence of such substances during a volunteer shift, the volunteer will be terminated from the volunteer program.

12. Termination

Termination from the volunteer program may occur for any of the reasons stated above or for any other reason at the sole discretion of MBAS representatives. Except in the instance of termination due to inactivity, terminations are final and the volunteer will not be allowed to volunteer again for the City of Mont Belvieu.

**By signing below, I confirm that I have read, understand, and agree to abide by the volunteer policies described above.**

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**Volunteer Signature**

**Date**

**Please return application by email to: [mbas@montbelvieu.net](mailto:mbas@montbelvieu.net)  
or return to the City of Mont Belvieu Animal Shelter  
3831 Perry Ave. Mont Belvieu, TX. 77580  
Phone: (281)576-2417**

## ***FOR YOUR FILES***

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be

## ***FOR YOUR FILES***

removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account.

## ***FOR YOUR FILES***

Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

## **FOR YOUR FILES**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>