



## **CAMP REYNAL 2015 VOLUNTEER STAFF APPLICATION PACKET**

**Deadline: March 15, 2015**

(Please return early to get one of the limited volunteer slots)

**Saturday, May 23 – Friday, May 29**

(Required training for first time counselors in Dallas on Friday, May 22)

**Please mail, fax or e-mail completed applications to:**

National Kidney Foundation  
5429 LBJ Freeway, Suite 250  
Dallas, TX 75240  
Fax: 214.351.3797  
[texasinfo@kidney.org](mailto:texasinfo@kidney.org)

If you email your application, pages 5-13 of the application must be scanned (*i.e.*, in pdf format) and attached to the email so that all required signatures are included.

If you have any questions please contact:

National Kidney Foundation  
Phone: 214.351.2393  
[texasinfo@kidney.org](mailto:texasinfo@kidney.org)

## APPLICATION CHECK LIST

**All volunteers (new and returning) MUST submit the following:**

- Complete application include signatures
- Signed background check consent form
- A **photocopy of a valid driver's license** or other form of government issued photo identification.
- Health insurance information (NOTE: If you do not have health insurance, Camp Reynal can refer you to low cost insurance carriers that may be able to provide coverage for the week for a nominal fee of approximately \$50. For more information, please contact the National Kidney Foundation )

Applications will be deemed incomplete without the above information and will not be considered.

Thank you for understanding our need to be thorough for your protection, for the protection of the campers, and for the protection of Camp Reynal and the National Kidney Foundation.

In addition to the above, all **nurses and physicians staff volunteers** must submit the following with their applications, as applicable:

Nurses:

- CPR Card

Physicians

- Copy of the physicians license; and
- Copy of liability insurance

Thank you for understanding our need to be thorough for your protection, for the protection of the campers, and for the protection of Camp Reynal and the National Kidney Foundation.

## **CAMP REYNAL - MISSION STATEMENT**

The mission of Camp Reynal is to create an exciting, challenging, encouraging, supportive, safe and healthy environment for children ages 7-17, with renal and urology disease, to foster fun, growth, exploration, discovery, friendship, self-esteem and independence. Camp Reynal values and honors the dignity of every child.

## **CAMP REYNAL – HISTORY**

The National Kidney Foundation (NKF) has over the past 16 years sponsored children to attend summer camp. Until 1992, only one camp for children with kidney and urological diseases existed in the state of Texas. This camp provided opportunities to children with peritoneal dialysis and transplant patients, but no facilities existed for hemodialysis. In 1991, a NKF Patient Services Committee was developed. Their goal and task was to conceptualize a camping experience for all children regardless of treatment modality.

Concurrent with the development of this goal was the on-going progress of a camp facility designed for chronically ill and physically challenged children--**Camp John Marc**--Special Camps for Special Kids. Camp John Marc was established in memory of John Marc Myers by his parents Jan and Marc Myers. The land is part of a beautiful 140 acre site of the Myers ranch. The ranch provided John Marc moments of peace during his most troubling times while facing his rare form of illness. Camp John Marc is a non-profit organization that is dedicated to creating camps where all kids can just be kids. Through camps specially designed to fill their needs, children who are physically impaired, or are chronically or terminally ill can experience the joy and fulfillment of participating in normal camp activities.

The National Kidney Foundation Camping/Youth Services Committee determined that due to the medical needs of children with End Stage Renal Disease, the first experience with on-site dialysis (peritoneal) and assessment of actual medical needs should be on a short term basis. The first camping experience was the family weekend retreat. This allowed parents and children to become acquainted with the facilities and the medical needs to be safely assessed for planning a week long session.

In 1992, the first week long camp was held. It was called Kidney Fun Camp. The first session had 20 children all with End Stage Renal Disease. Peritoneal dialysis was done on site in the cabins. This experience provided guidelines for future growth in the camp and care of the campers. During this camp, the campers selected the camp name--**CAMP REYNAL**. They also designed the first camp logo based on their two cabins--Lone Star and Pioneer. 1993 marked the camp's second year with doubling of campers from the previous year and an expansion in types of diagnosis for campers. It included not only dialysis and transplantation, but also children with a variety of kidney and urologic diseases. The ultimate goal is to include all diseases that are under the mission of the National Kidney Foundation. In 1994, Cook Children's Medical Center of Ft. Worth joined Camp Reynal. Hospitals from San Antonio, Lubbock, and Corpus Christi also joined Camp Reynal in the latter half of the 90's. In recent years, the camp has grown to accommodate approximately 120 children per year.

## QUALIFICATIONS OF VOLUNTEER CABIN COUNSELORS

Camp counselors are in high demand when it comes to providing a fun, exciting, memorable, explosive, but safe stay at Camp Reynal. Camp Reynal requires camp volunteer counselors who are enthusiastic, fun-loving, motivational, but at the same time patient. Camp Reynal has a reputation for providing highly qualified, spirited, energetic, and diligent counselors for a week of wonder for the children with renal and urology diseases who attend.

*What are the qualifications for being a volunteer counselor?*

- A camp counselor must be at least 18 years old. Previous campers must be 18 and must have skipped one camping season.
- We prefer potential counselors to have some experience with children.
- A Camp Reynal Cabin Counselor application must be completed and an interview will be held with the Counselor Recruiting Committee.
- The National Kidney Foundation will complete a criminal background check and check 3 references for all potential counselors.
- A volunteer counselor must maintain his or her own health insurance coverage and is not entitled to any worker's compensation coverage for any injury that may occur while a volunteer at Camp Reynal. **NOTE: If a volunteer does not have insurance, Camp Reynal can refer you to low cost insurance carriers that may be able to provide coverage for the week at a nominal fee estimated around \$50. For more info on where to access health insurance for camp, please contact the National Kidney Foundation.**

*What exactly is required from a volunteer counselor?*

- The time commitment for a volunteer counselor is approximately noon on Saturday, May 23, 2015 through the following Friday, May 29, 2015 at approximately 11:00 a.m.  
**NOTE: Please let the Counselor Coordinator know ahead of time as soon as possible if this is an issue for you.**
- A counselor must attend all required training sessions or have made arrangements to make up information given at training sessions.
- Volunteer counselors will be assigned to a cabin or serve as an activity coordinator or some other role and will be responsible for participating and supervising children throughout all camp activities.
- Each cabin will have 3-4 counselors depending on the number of children attending camp and the number of qualified volunteer counselors accepted. A staff person from Camp John Marc (the camp facility) will serve as host to each cabin to serve as a resource for Camp Reynal counselors.
- Volunteer counselors will participate in a variety of activities with their cabin members such as canoeing, sports and games, swimming, horseback riding, and a one-night cookout / camp out.
- All volunteer cabin counselors must stay throughout the entire camp week, unless arrangements have been made in advance with the Counselor Coordinator.
- All volunteer counselors must agree to abide by Camp Reynal's policies and procedures.

*What can I expect from the other volunteer counselors?*

- An entire week of fun, new found friendships, and experiences of a lifetime.

## QUALIFICATIONS OF MEDICAL STAFF VOLUNTEER

Camp Reynal has a reputation for providing highly qualified, spirited, energetic, and diligent volunteers for a week of wonder for the children with renal and urology diseases who attend.

*What are the qualifications for being a volunteer?*

- A camp volunteer must be at least 18 years old.
- A Camp Reynal Volunteer application must be completed.
- The National Kidney Foundation will complete a criminal background check and check references for all potential volunteers.
- A volunteer must maintain his or her own health insurance coverage and is not entitled to any worker's compensation coverage for any injury that may occur while a volunteer at Camp Reynal. **NOTE: If a volunteer does not have insurance, Camp Reynal can refer you to low cost insurance carriers that may be able to provide coverage for the week at a nominal fee estimated around \$50. For more info on where to access health insurance for camp, please contact the National Kidney Foundation**

*What exactly is required from a medical staff volunteer?*

- The time commitment for a medical staff volunteer counselor is arranged in advance with either one of the Nursing Director, NKF, or the Medical Director, Dr. Ray Quigley. **NOTE: Please let either NKF or Ray Quigley know as far ahead as possible if you cannot meet your commitment to attend the camp. We are very appreciative of your volunteering to participate at the camp, and we are relying on you to meet that commitment.**
- All volunteers must agree to abide by Camp Reynal's policies and procedures.

Last Name: \_\_\_\_\_

## VOLUNTEER CAMP STAFF APPLICATION

**Please print clearly. Please provide all information requested and answer ALL questions, if applicable. Please make sure to sign and date the form.**

Position Applying (Check): <input type="checkbox"/> New Counselor <input type="checkbox"/> Returning Counselor <input type="checkbox"/> Physician		
<input type="checkbox"/> Hemo Nurse <input type="checkbox"/> Med Nurse <input type="checkbox"/> Child Life Specialist <input type="checkbox"/> Social Worker <input type="checkbox"/> Other		
First Name		
Middle Name		
Last Name		
Maiden Name / Any other names by which you have been known in the last 5 years:		
Sex (M/F):	Date of Birth:	T-shirt Size:
Driver's License # (include state):		DL Expiration Date:

For background check:

Social Security #:	-	-
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Current Home Address:	
City, State:	
How long have you lived at this address:	
Home Phone:	Cell Phone:
Email Address:	
Previous Address:	
City, State:	
If student Permanent Address:	
City, State:	
List all other cities, states where you have lived as an adult:	

Employer Name	
Employer Address,	
Employer Phone Number	
Occupation	
Supervisor's Name	

Have you served in the military?	If yes, how long were you in the military and what type of discharge did you receive?
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**EDUCATION**

Name of High School	Highest grade completed
Name of University	Degree
Field of study	
Are you currently a student?	

**REFERENCES**

Please list three references, including one professional/professor, one personal/volunteer, and one family member. We will contact all references; therefore it is imperative that you include correct contact information for each reference.

Name
Mailing Address, City, State
Phone
Email Address
Relationship

Name
Mailing Address, City, State
Phone
Email Address
Relationship

Name
Mailing Address, City, State
Phone
Email Address
Relationship

## EXPERIENCE AND HISTORY

Is there a specific age group that you prefer to work with?

7-9		10-12		13-15		16-18		Any	
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Would you be willing to be a side walker (walk beside horse as child rides)? YES NO

Would you be willing to be a ONE on ONE with a child? YES NO

Special Skills/Training (Place an X in the box if applicable)

First Aid		Singing	
CPR		Sports	
Foreign Language		Music	
Other (please specify)			

List any previous camping experience

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Have you ever applied to another camp? If yes, which one:

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Have you ever been turned down when applying for any camp? If yes, which one and why?

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List any previous work involving children, students, or vulnerable populations (impaired adults, special needs individual, include organization and contact name.

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List any previous volunteer experience

--

List any talents, vocations, preparation, training or other experiences which have equipped you to work with children, students, or disabled adults.

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Has your driver's license ever been revoked or suspended?

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Last Name: \_\_\_\_\_

Have you ever been arrested, charged with, convicted of, or received a deferred adjudication with respect to, any crime except minor traffic offenses resulting in a fine of less than \$200? Please include all situations related to DUI or DWI. If yes, describe in detail – year, charge, result:

Do you use illegal drugs?

Have you ever been arrested, charged with, convicted of, or received a deferred adjudication with respect to your use of illegal drugs? If yes, describe in detail – year, charge and result:

Have you ever been fired for cause or asked to resign a job or suspended or expelled from school? If yes, please explain:

Has anyone ever questioned your relationship with a child? If yes, please explain:

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Do you consider yourself to have been physically or sexually abused as a child?

Have you ever physically or sexually abused a child?

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Last Name: \_\_\_\_\_

## MEDICAL

Emergency Contacts:

Name	Relation to you:
Address, City, State Address	Phone #
Name	Relation to you:
Address, City, State Address	Phone #

Insurance:

Physician Name			
Physician Phone Number			
Name of Insurance Company			
Address			
Telephone Number			
Group Number		Certificate Number	

Do you have any of the below physical conditions (Place an X in the box if applicable)?

Asthma		Kidney Disease	
Allergies		Hay Fever	
Diabetes		Heart Disease/Defects	
Eczema			
Other (please describe)			

Are you on any type of prescription medications? If yes, what kind:

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Any other restrictions or limitations?

--

Can you safely lift 50 pounds?

--

Please list any special needs or accommodations you will need during your time at Camp Reynal:

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## **CONDITIONS**

### **IF ACCEPTED AS A CAMP REYNAL VOLUNTEER MEMBER, I UNDERSTAND:**

1. The National Kidney Foundation and Camp Reynal accepts no responsibility for the loss, damage or theft of property.
2. Should your emergency contact, during the camp session, leave his/her place of residence, you will advise the camp administration where he/she can be contacted in case of emergency.
3. In case of medical and or surgical emergency, I authorize Camp Reynal medical staff to render to me or to arrange for me to receive any x-rays, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which are deemed necessary.
4. I agree to arrive at camp at the specified time, unless an exception has been made prior to camp with the Counselor Coordinator.
5. I agree to report any accident or injury at the time of the incident.
6. All information regarding campers, counselors and staff is highly confidential and shall be protected and safeguarded by me.
7. I agree to maintain and provide evidence of health insurance coverage that will cover any injury that I may suffer while at Camp Reynal. I understand that I am not entitled to receive worker's compensation benefits for such injuries.
8. I agree to carry out my assigned responsibilities with the camp, and to insure the physical and emotional well-being of the campers.
9. I, the undersigned, have represented and do represent that I hereby agree to indemnify and hold harmless, Children's Medical Center of Dallas, Cook Children's Medical Center, Christus Santa Rosa Children's Hospital, North Texas Hospital for Children at Medical City Dallas, Camp Reynal and the National Kidney Foundation, and Camp John Marc, and the officers, directors, agents, contractors or employees of any of them collectively referred to as (the "Indemnified Parties") for any and all liability of whatsoever nature (i) growing out or resulting from any injury to, sickness of, and /or damage to the undersigned relating in any way to my presence at, or use of facilities, or participation in the activities of, Camp Reynal and the National Kidney Foundation and Camp John Marc. I further release and waive any and all claims for damages against the Indemnified Parties that I may have or may hereafter acquire due to the use of, or my presence at, the facilities of Camp Reynal and the National Kidney Foundation and Camp John Marc. The foregoing also applies to the activities related to horses, canoeing and any other off-campground activity planned in accordance with Camp Reynal.
10. I agree that my status as a Camp Reynal member does not, in and of itself, create any employee relationship between myself and the National Kidney Foundation, Children's Medical Center of Dallas, Cook Children's Medical Center, Christus Santa Rosa Children's Hospital, North Texas Hospital for Children at Medical City Dallas, Camp Reynal, and Camp John Marc, and their officers, directors, agents, or contractors.
11. I also hereby consent to the release of photographs and information pertinent to my stay at Camp Reynal at Camp John Marc.

All information is correct so far as I know. I accept all terms and conditions listed above.

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Signature of Applicant

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Date

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Printed Name of Applicant

Last Name: \_\_\_\_\_

## Voluntary Disclosure Statement

Have you ever been charged or convicted of any crime of violence, including but not limited to those listed below? (**circle YES or NO**)

- |                                                                            |     |    |
|----------------------------------------------------------------------------|-----|----|
| • A felony or misdemeanor of any kind                                      | YES | NO |
| • Indecent assault and battery on a child under 14 years of age            | YES | NO |
| • Indecent assault and battery on a mentally retarded person               | YES | NO |
| • Indecent assault and battery on a person 14 years of age or older        | YES | NO |
| • Rape                                                                     | YES | NO |
| • Rape of a child under 16 years of age with force                         | YES | NO |
| • Assault with intent to commit rape                                       | YES | NO |
| • Kidnapping of a child under 16 years of age with intent to commit rape   | YES | NO |
| • Distribution and trafficking of narcotics or other controlled substances | YES | NO |
| • Intent to commit any of the above crimes                                 | YES | NO |
| • Any other crime of violence                                              | YES | NO |

**If you answered yes to any of the above, please explain:** (Use a separate sheet if necessary.)

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain. (Use a separate sheet if necessary.)

Are you subject to any court order involving sexual or physical abuse of a minor, including, but not limited to, a domestic order or protection? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain. (Use a separate sheet if necessary.)

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

\_\_\_ YES \_\_\_ NO

If yes, please explain.

### I understand that:

The camp may deny the application of any person who answers any of the questions above in the affirmative.

In applying for a camp position, the information that I have furnished on this form is subject to verification, **which will include a criminal history check** and request from any central registry of child abusers.

The camp may terminate employment or voluntary service of any person:

- Found to have a history of complaints of abuse; and/or
- Found to have resigned, been terminated, or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse.

This disclosure statement must be updated on an annual basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **EMPLOYEE/VOLUNTEER CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, have read and understand the Camp Reynal policies regarding the privacy, use, protection, and disclosure of Protected Health Information. I acknowledge that I have received training and education about, and understand, the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its interpretative regulations regarding the use, protection, disclosure, and destruction of Protected Health Information.

In consideration of my participation as a volunteer or other staff member in the activities of Camp Reynal, I hereby agree that I will not at any time- either during my association with Camp Reynal and/or the National Kidney Foundation, or after this association ends-use, access or disclose Protected Health Information to any person internally or externally except as permitted and required in the course of my duties for Camp Reynal and only as permitted by HIPAA and the otherwise applicable provisions of law. I understand that this obligation extends to any Protected Health Information that I may create or acquire during the course of my participation or involvement with Camp Reynal in the delivery of health care as a health care provider or other health care components of its or the National Kidney Foundation's operations, whether in oral, written or electronic form.

I understand and acknowledge my responsibility to apply and comply with the policies and procedures of Camp Reynal and the National Kidney Foundation while participating in Camp Reynal as a volunteer or otherwise. I also understand that unauthorized use or disclosure of Protected Health Information will result in disciplinary action, up to and including termination of my involvement as a staff person or other volunteer, and the imposition of civil or criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my involvement or association with Camp Reynal and/or the National Kidney Foundation, regardless of the reason for such termination.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE READ THIS AGREEMENT PRIOR TO CAMP.**

## **EMPLOYEE AND VOLUNTEER APPLICANT BACKGROUND CHECK DISCLOSURE & CONSENT FORM**

As an individual providing or applying to provide services as an employee, consultant, independent contractor, volunteer or other capacity, with National Kidney Foundation dba Camp Reynal, you are advised that National Kidney Foundation dba Camp Reynal, Inc. (the "Camp") may contact the Social Security Administration, another governmental agency or other parties directly or through a third party to verify the Social Security Number and certain other information as part of its verification of your eligibility and suitability to provide services as an employee, consultant, independent contractor, volunteer or in any other capacity.

In addition, the Camp may obtain a consumer report or otherwise check other background information about you to confirm your identity and eligibility for employment or for other employment or business purposes.

The Camp may also obtain a reference check on you for purposes of determining your suitability to perform services or serve in some other capacity, as we deem appropriate, in our exclusive discretion. The reference check, also referred to as an investigative consumer report, may include information about your character, general reputation, personal characteristics, identity, eligibility for employment in the United States, mode of living, criminal background, and other matters that we deem relevant to your eligibility and suitability for employment with the Camp.

As a condition of the Camp's consideration of you for prospective or continued eligibility to provide services as an employee, consultant, independent contractor, volunteer, or other capacity, the Camp requires that you give us written authorization to conduct this investigation including obtaining a background report on you (specifically, a consumer report and/or an investigative consumer report).

If the Camp elects to secure an investigation report, the Fair Credit Reporting Act may, under certain circumstances, provide you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and the scope of the investigative report. If required to comply with the Fair Credit Reporting Act, the disclosure shall be made in writing and mailed, or otherwise delivered to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a Summary of Your Consumer Rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of the investigative report about you, if any, run by the Camp, please provide us a written request. To obtain a Summary of Your Consumer Rights, simply let us know in your letter that you would like a copy.

I acknowledge that I have received this disclosure and I authorize the Camp and its affiliates, agents, successors and assigns to conduct an investigative consumer report and criminal background check for employment, volunteer, consulting, independent contractor or other purposes and consent to allow the Camp to contact the Social Security Administration or other governmental agencies to verify my Social Security Number and any other information that it

deems relevant to verify my eligibility and suitability to provide or continue to provide services as an employee, volunteer, contractor or other capacity for the Camp.

I also understand that as long as I remain an employee, independent contractor, consultant, or volunteer for the Camp, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the National Kidney Foundation and the related state or federal agencies and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the National Kidney Foundation of North Texas and the related state or federal agencies and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

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Signature of Applicant

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Date

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Printed Name of Applicant

## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681 and following 168u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've



notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contact medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, users or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.