



7761 Garden Grove Blvd.  
 Garden Grove, CA 92841  
 Phone: (714) 898-8888  
 Fax: (714) 908-8097

**VOLUNTEER/INTERNSHIP/PRECEPTORSHIP APPLICATION**

Nhan Hoa Comprehensive Health Care Clinic (“**Nhan Hoa**”) provides equal opportunities (EEO) to all applicants without regard to race, color, religion, sex, national origin, age, disability or genetics.

Please return the completed form with attached resume to Human Resources at [nh-hr@nhanhoa.org](mailto:nh-hr@nhanhoa.org).

**PERSONAL INFORMATION**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Female  Male

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ DL & State: \_\_\_\_\_

Have you ever been convicted with or without trial, or pleaded guilty, or no contest to, or otherwise been found guilty of a felony or misdemeanor other than a traffic violation?  Yes  No. If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are you legally permitted to work in the United States?  Yes  No

Are you 18 years or older?  Yes  No

**EDUCATION RECORD**

	City & State	From: (Mo./Yr.)	To: (Mo./Yr.)	Degree(s) Obtained	Major/Subject	GPA or Standing
High School						
College/University						
Graduate						

Other Education Training (including business, trade, or military service schools, etc.)

\_\_\_\_\_

\_\_\_\_\_

**LICENSES**

Please list the current license(s) that you are holding

License type (e.g., Physician, PA, NP, RN)	License Number	State	Expiration Date (MM/DD/YYYY)

## EMPLOYMENT/VOLUNTEER HISTORY

(List your last t employers/volunteers experience, starting with the most recent one first.)

1. Employer/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer or supervisor?  Yes  No

2. Employer/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer or supervisor?  Yes  No

## PROFESSIONAL & PERSONAL REFERENCES

Name a few persons, preferably former supervisors familiar with your qualifications, whom we have your permission to contact.

Name	Company & Phone	Years Known	Relationship

## EMERGENCY CONTACT INFORMATION

In case of an emergency, please list family members, relatives, and/or friends whom we may contact.

1. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Emergency Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Emergency Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

## AVAILABILITY

Please indicate the hour(s) of the day(s) which you are available to volunteer. This information will help us determine the possible position openings that may be of interest to you.

Mon:\_\_\_\_\_ Tues:\_\_\_\_\_ Wed.:\_\_\_\_\_ Thurs.:\_\_\_\_\_ Fri.:\_\_\_\_\_ Sat.:\_\_\_\_\_

\*\*\* Nhan Hoa will attempt to accommodate the hours you have indicated; however, scheduling is prioritized in accordance to service needs and availability of supervisors.

## PLACEMENT INFORMATION

1. Have you ever volunteered at Nhan Hoa Comprehensive Health Care Clinic?  Yes  No. If yes, when and what was your position?

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2. What kind of duties would you like to perform or services would you like to provide?

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## VOLUNTEER AGREEMENT AND CERTIFICATION OF INFORMATION

Believing that Nhan Hoa Comprehensive Health Care Clinic has the need of my services as a volunteer, by signing below, I agree as follows:

1. Volunteer agrees to hold absolutely confidential all information which I may obtain directly or indirectly concerning patients, parents, doctors, or personnel, and will not seek confidential information in regard to a patient.
2. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services.
3. Voluntary agrees to follow the supervision and direction of any personnel, employee, or volunteer, to whom volunteer has been assigned to perform services, and to participate in any training required by the charity in order to perform the voluntary services.
4. Volunteer agrees that he/she will not be considered to be an employee of Nhan Hoa Comprehensive Health Care Clinic, for any purposes other than tort claims and injury compensation, while performing the voluntary services. I also understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.
5. Volunteer further understands that if volunteer is responsible for injuries to third parties or damages to their property while acting outside the scope of assigned volunteer duties, that said volunteer may be held personally liable for any monetary damages a court may award to the injured party.
6. It is further understood and agreed to by volunteer that the services render to the charity shall apply only in the case of liability arising out of the ordinary negligence that occurs during the scope of the volunteer's services agreed to herein, and that in no way do any of these provisions apply for the benefit of volunteer, his/her heirs, executors or administrators in any action arising out of gross negligence, willful misconduct, or any other conduct on the part of said volunteer, which cause or may give rise to criminal liability.
7. Volunteer further agrees that volunteer will fully cooperate with the charity and its agents in any investigation lawsuit, arbitration, or any other legal or quasi-legal proceedings that arise from the matters covered by this agreement. Volunteer further agrees to notify the charity immediately of any

incident that occurs or may occur within the knowledge of the volunteer, which gives rise to liability on the part of the volunteer of the charity

8. I understand that my volunteer assignment will begin on \_\_\_\_\_ and end on \_\_\_\_\_; and that I will spend approximately \_\_\_\_\_ hours per \_\_\_\_\_ providing volunteer services. I also understand that my volunteer assignment may be terminated at any time by either party to this agreement.
9. **Electronic Signature Agreement.** By selecting the "I Accept" button, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application. By selecting "I Accept" you consent to be legally bound by this application's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide, or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature, acceptance and agreement as if actually signed by you in writing

By signing below, I also certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize Nhan Hoa Comprehensive Health Care Clinic to investigate and/ or verify the foregoing information and any other information, which might assist them in determining my qualifications for volunteering. I release Nhan Hoa Comprehensive Health Care Clinic and my former employers, and all others from any liability from damage, which may result from such investigation, if, upon investigation, anything contained in this application is found to be untrue.

**ANY PERSON WHO INTENTIONALLY GIVES MISLEADING OR FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE TERMINATION.**

I ACCEPT

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

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

Print Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Please email the completed application to [nh-hr@nhanhoa.org](mailto:nh-hr@nhanhoa.org).

# Release and Waiver of Liability

**PLEASE READ CAREFULLY**

**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Nhan Hoa Comprehensive Health Care Clinic (“**Nhan Hoa**”) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that **Nhan Hoa** and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in the activities at **Nhan Hoa**, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I certify that I have read (or have this read to me) each and every one of the provisions of this document, Release of Liability and Indemnification Agreement, and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must (1) complete the signature section below; and (2) sign one additional form: the “Parental Authorization for Treatment of, and Travel With, a Minor Child” (“Parental Authorization”) on the following page with a witness.**

If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

**Name of Volunteer Under 18 Years Old:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:**

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Volunteer’s heirs, next of kin, assigns, and legal representatives.

**Parent/Guardian**

**Name** (please print): \_\_\_\_\_ **Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ DL & State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Name** (please print): \_\_\_\_\_ **Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ DL & State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

School/Organization (*no abbreviation please*): \_\_\_\_\_

Host affiliation address: \_\_\_\_\_

**IMPORTANT: If the Volunteer is less than 18 years of age, this Parental Authorization also must be signed.**

**PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD**

I, \_\_\_\_\_, am the parent or legal guardian having custody of a child or children who are under 18 years old and who will be volunteering with Nhan Hoa Comprehensive Health Care Clinic (“**Nhan Hoa**”). As such parent or legal guardian, I hereby authorize and appoint \_\_\_\_\_ an adult in whose care the minor child has been entrusted, and any agent or employee of **Nhan Hoa** if necessary or appropriate, as my agent to act for me with respect to my minor child(ren) and their personal care, and in my name in any way I could act in person to make any and all decisions for me with respect to my child listed below (“child”):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I consent to the use of first aid treatment for my child and the use of generic and over the counter medications and treatments as directed by manufacturer labels, to be administered by **Nhan Hoa** or first aid personnel. In an emergency, I understand my named agent and/or **Nhan Hoa** may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the named agent above and any agent or employee of **Nhan Hoa** to act as an agent for me to consent to any examination, testing, x-rays, medical, dental, or surgical treatment for my child as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my child’s assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize **Nhan Hoa** to arrange for transportation of my child as deemed necessary and appropriate in their discretion.

My agent shall have the same access to my child’s medical records that I have, and is designated by me to be the child’s Personal Representative under the Health Insurance Portability and Accountability Act (HIPAA), including the right to disclose the contents to others. I authorize health care personnel and health care facilities to rely on this consent form and any health information I have provided to my named agent and/or Habitat regarding my child.

I authorize and appoint my agent to travel with my minor child to Nhan Hoa Comprehensive Health Care Clinic located at 7761 Garden Grove Blvd., Garden Grove, CA 92841 and at 7861 Garden Grove Blvd., Garden Grove, CA 92841, and consent for my minor child to serve as a volunteer with **Nhan Hoa**. I understand my child will help Nhan Hoa staff with patient care and participate in other activities on a voluntary basis, without compensation, as further set forth in the Volunteer Agreement, Release and Waiver of Liability, the terms of which are incorporated herein by reference.

I have read and understand the above Parental Authorization for Treatment of, and Travel With, a Minor Child, any questions of mine have been answered, and I voluntarily agree to all such provisions.

**Parent/Guardian**

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ DL & State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_



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**DISCLOSURE AND AUTHORIZATION FORM  
 REGARDING BACKGROUND CONSUMER REPORTS**

I have read and understand the Disclosure, and authorize Nhan Hoa Comprehensive Health Care Clinic (“**Nhan Hoa**”) to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and/or volunteer opportunity and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

By signing below, I hereby authorize the Nhan Hoa Comprehensive Health Care Clinic without reservation, any party or agency contact by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

I hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Nhan Hoa with any and all background information in their possession regarding you, in order that my employment qualifications may be evaluated.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Current Address: Number and Street	City	State	Zip	County	Years
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SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ \*

Previous name (if any): \_\_\_\_\_

Driver License: \_\_\_\_\_ State Issued: \_\_\_\_\_

Additional driver license (if applicable): \_\_\_\_\_ State Issued: \_\_\_\_\_

**Previous Addresses within the last seven (7) years (attach additional pages if necessary):**

Number and Street	City	State	Zip	County	Years
Number and Street	City	State	Zip	County	Years
Number and Street	City	State	Zip	County	Years

\_\_\_\_\_ (initial here) You have the right to receive a copy of your report free of charge should one be requested for employment purposes. I  do  do not wish to receive a copy of my report should one be ordered.

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

**\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**





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## DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

### DISCLOSURE

In considering you for employment and/or volunteer opportunity (collectively, “**employment**”) and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Nhan Hoa Comprehensive Health Care Clinic (“**Nhan Hoa**” or “**the Company**”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related or volunteer related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“**FCRA**”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization.

### AUTHORIZATION, NOTIFICATION, AND RELEASE FORM

By signing below, I understand and am hereby notify and authorize to procure a report for evaluation of me for volunteer work/employment. I understand that these reports may contain information from public records, including written, oral, or other communications bearing on character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, criminal history, motor vehicle records, DOT verifications, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, state board, licensing agency, and other entities including present and past employers.

I further understand and am hereby notified that an investigative report may contain information from public records, including but not limited to, written, oral or other communications bearing on, character, general reputation, personal characteristics, or mode of living which may be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, investigations regarding worker’s compensation, harassment, violence, theft, or fraud.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Nhan Hoa Comprehensive Health Care Clinic.

### FOR PROCUREMENT OF BACKGROUND REPORT

I have received and reviewed a copy of the Summary of Rights under the California Investigative Consumer Reporting Agencies Act. I understand that I have the right to request to **IntelliCorp Records, Inc.**, in writing and upon proper

identification, to request the nature and substance of all information in its files on me at Nhan Hoa used for the background check at the time of my request; including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request. IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

#### ADDITIONAL NOTES

Nhan Hoa Comprehensive Health Care Clinic and the California Fair Employment and Housing Act (“**FEHA**”) prohibits any non-job related inquiries of applicants or employees, either verbally or through the use of an application form, that express, directly or indirectly a limitation, specification or discrimination as to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation, or any intent to make such a limitation, specification, or discrimination.

As a California resident you do not need to include a prior arrest that did not lead to conviction, nor your referral to or participation in a pretrial or post-trial diversion program. You do not need to reveal convictions that have been sealed, expunged, or statutorily eradicated.

Nhan Hoa would request your explanation of arrests for which you are awaiting trial (for example, the applicant is out on bail or has been released on his or her own recognizance pending trial). However, Nhan Hoa may ask job-related questions relating to a conviction.

Background Investigation Authorization: Information Sheets  
California Investigative Consumer Reporting Agencies Act

COMPLETE TEXT OF SECTION OF THE LAW CONTAINING THE REQUIRED NOTICE TO  
CONSUMERS

The section of the California Civil Code, which are your rights under the Amended Act, are set out below in full.

§1786.22.

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
- (1) In person, if he/she appears in person and furnishes proper identification. A copy of his/her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  - (2) By certified mail, if he/she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailing under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his/her identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him/her pursuant to Section 1786.10
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's files in such person's presence.
- (g) You have the right to know the names of the person and companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.