



Dear Prospective Camp Hope ‘N’ Cope Volunteer,

Thank you for your interest in becoming a Camp Volunteer.

Camp Hope ‘N’ Cope 2018 will be held on **Saturday, August 18, 8:00 am- 9:00 pm.** Camp will be held at the Mt. Aetna Retreat Center, 21905 Mt. Aetna Road, Hagerstown, MD.

Please complete and return the attached application to Hospice of Washington County, 747 Northern Avenue, as soon as possible. To be considered as a volunteer for this year’s camp, your application must be received by **Friday, July 27, 2018.** Sorry, but no exceptions can be made.

We will be choosing the number of volunteers needed based on the number of campers selected. Male campers will be given a male volunteer, and female campers will be given a female volunteer. We hope to be serving at least twenty-five children at camp this year, needing 25 “Big Buddy” volunteers and approximately 5-7 support staff volunteers. In the event we do not have enough volunteers to provide the one-on-one Big Buddy support, we will assign volunteers to small, age-appropriate groups.

There have been times that we have had many very good applicants, too many in fact, but because we only need a specific number of volunteers each year, some volunteers may not be chosen. Please know that if you are not asked to attend Camp, it is because you have not met the criteria, or (most likely) because we have more volunteers interested than we have spaces open. If we are unable to use your services at camp this year, please apply again next year. We would love to have you join us for a camp in the future.

Volunteers will need to be available from approximately **8:00 AM** the **Saturday** morning of camp until **9:00 PM.**

Volunteers will be chosen for the role of a “Big Buddy” or as Support Staff (see attached job descriptions). Please be sure to include any areas of special interest or any special talents that you feel may contribute to Camp Hope ‘N’ Cope.

There will be an important, mandatory meeting to discuss the role you will play; to discuss the children who will be attending; and to get last details before Camp. This meeting will take place on **Wednesday, August 8 at 5:30 pm.** Please plan on attending. We will be in touch prior to this meeting to confirm our need.

Thank you for your support in helping to make this a rewarding experience for the children of Washington County.

Sincerely,

Cathy Campbell  
Manager of Bereavement Services

and the Bereavement Team

\*Please note-

You do not need to be a current HWC volunteer to volunteer for this camp.



## CAMP HOPE N COPE VOLUNTEER APPLICATION

### HEALTH HISTORY FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HAVE YOU VOLUNTEERED AT CAMP HOPE N COPE IN PAST YEARS? \_\_\_\_\_

PHYSICAL LIMITATIONS?  YES  NO IF YES, PLEASE EXPLAIN

\_\_\_\_\_

HISTORY OF EMOTIONAL DISTURBANCES?  YES  NO IF YES,

PLEASE EXPLAIN \_\_\_\_\_

PERSON TO NOTIFY IN AN EMERGENCY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_

#### HEALTH HISTORY (Please check those that apply)

Allergies  Emotional Problems  Wears Contacts/Glasses

Asthma  Hearing Impairment  Heart Disease

Seizures  Physical Limitations  Other

Diabetes  Motion Sickness

t-shirt size \_\_\_\_\_

**Please explain any items that were checked or indicate any other useful information regarding your health:**

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**Are you currently under a physician's care for a medical problem?     YES     NO**

**Are you restricted from participating in any physical activity?         YES     NO**

**I know of no health reasons, other than information indicated on this form, why I should not participate in any of the Camp Hope N Cope activities.**

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

\_\_\_\_\_  
**Date**

**Any other information you can share about yourself that would be helpful to us in determining the best fit for you? \_\_\_\_\_**

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### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

**Should a medical emergency arise during my participation in Camp Hope N Cope activity and I am unable to speak for myself, I consent to:**

- 1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by the Camp Hope N Cope professional staff and**
- 2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.**

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

\_\_\_\_\_  
**Date**

Preferred medical doctor/facility \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY**

**I understand that information regarding Hospice of Washington County, patients, their families and/or significant others and any persons receiving support or services in any capacity is privileged information for use by and with authorized persons only.**

**I will disclose such information only in the discharge of my assigned duties and responsibilities with Hospice or persons authorized to receive such information through the signed consent of patient, family member, or affected party.**

**I will not disclose any information with anyone unauthorized to receive this information. I will handle any and all paperwork and forms with proper procedure of control so that no information is accidentally observed or released to any unauthorized persons. I also understand that the casual sharing of client care information in public places or settings is inappropriate.**

**I further understand and agree that any violation of this policy is of such critical offense that it will justify my immediate discharge.**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**VOLUNTEER RELEASE OF LIABILITY**

**I understand and agree that Hospice of Washington County, Board of Directors, Employees and Volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while the volunteer listed below attends Camp Hope N Cope.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**VOLUNTEER PUBLICITY PERMISSION**

**Upon occasion, videotaping and/or photography may occur during camp activities. This material may be used for future publicity by Hospice of Washington County and its Board of Directors. In addition, with Hospice staff permission and supervision, the news media may wish to photograph, videotape and/or interview some of the volunteers and children attending camp. Please sign below if you have no objections to being subject to this.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

## Job Description

## BIG BUDDY

### DESCRIPTION:

THE BIG BUDDY IS RESPONSIBLE FOR PROVIDING ONE-ON-ONE SUPPORT AND GUIDANCE TO HIS/HER LITTLE BUDDY, AS REQUESTED BY THE CAMP COMMITTEE. THE BIG BUDDY IS EXPECTED TO PARTICIPATE IN ALL ACTIVITIES WHILE SUPERVISING THE CHILD TO WHOM HE/SHE IS ASSIGNED.

## Job Description

## SUPPORT STAFF

### DESCRIPTION:

THE SUPPORT STAFF IS RESPONSIBLE FOR PROVIDING ASSISTANCE TO THE CAMP COMMITTEE MEMBERS AND OTHER CAMP VOLUNTEERS, AS NEEDED. THE SUPPORT STAFF IS EXPECTED TO PARTICIPATE IN ALL CAMP ACTIVITIES WHILE PROVIDING GAMES, ACTIVITIES, ASSISTANCE AND SUPERVISION AS NEEDED.

### APPLICANTS ARE CHOSEN, USING THE FOLLOWING CRITERIA:

- MUST BE 18 YEARS OLD OR OLDER
- MUST COMPLETE AND RETURN ENTIRE APPLICATION PACKET PRIOR TO THE DEADLINE
- MUST ATTEND ALL REQUIRED TRAININGS
- MUST BE AVAILABLE FOR ALL HOURS OF THE CAMP EXPERIENCE
- WASHINGTON COUNTY RESIDENTS ARE GIVEN FIRST CONSIDERATION
- EXPERIENCE WITH CHILDREN AND BEREAVEMENT ISSUES DESIRABLE
- MUST CONSENT TO A BACKGROUND CHECK AND AUTHORIZE HOSPICE OF WASHINGTON COUNTY TO OBTAIN THE RECORDS \*

**\* HWC HAS THE RIGHT TO REJECT AN APPLICATION OF ONE WHO HAS RECEIVED AN UNDESIRABLE BACKGROUND CHECK**

### **RESPONSIBILITIES WILL INCLUDE BUT NOT BE LIMITED TO:**

**ADHERES TO GUIDELINES/PROCEDURES ESTABLISHED BY THE CAMP COMMITTEE**

**ADHERES TO POLICIES/PROCEDURES ESTABLISHED BY THE CAMP FACILITY**

**\*\*\*THE MAIN ROLE OF THE CAMP VOLUNTEER IS TO PROVIDE FRIENDSHIP AND SUPPORT ONLY, NOT GRIEF THERAPY!**

**\*\*\*AFTER CAREFUL CONSIDERATION, THE FINAL DECISION OF**

**APPLICANTS ACCEPTED IS AT THE DISCRETION OF THE CAMP HOPE N COPE COMMITTEE.**

**Please describe the deaths you have experienced in your life:**

**Relationship**

**Date of Death**

**Cause of Death**

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## **Consumer Report Disclosure**

**Hospice of Washington County** (the “company”) intends to obtain and use a consumer report or an investigative consumer report from Justifacts Credential Verification, Inc, an external consumer reporting agency, to be used for employment purposes. These purposes may include but are not limited to:

- considering your application for employment;
- making a decision whether to offer you employment with the company;
- deciding whether to continue your employment (if you are hired by the company);
- doing periodic rescreening of current employees, and/or;
- making any other employment decisions affecting you.

A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers. As an applicant or an employee, you are considered a “consumer” under the Fair Credit Reporting Act.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes. An investigative consumer report also involves personal interviews with sources such as employers, educators, etc.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the company obtains about you by contacting Justifacts Credential Verification, Inc. You also have other rights under the Fair Credit Reporting Act, a summary of which is available at:

<http://www.consumer.ftc.gov/sites/default/files/articles/pdf/pdf-0096-fair-credit-reporting-act.pdf>.

### **ACKNOWLEDGMENT**

I hereby acknowledge receipt of this disclosure and that *Hospice of Washington County* may obtain consumer reports and investigative consumer reports about me from a consumer reporting agency and that they may consider information in consumer reports and investigative consumer reports as part of their decision making process regarding any aspect of my application for employment and/or continued employment with the company including periodic rescreening of current employees. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act.

Signature \_\_\_\_\_

Full Legal Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Justifacts Credential Verification, Inc  
5250 Logan Ferry Rd  
Murrysville PA 15668  
800-356-6885  
[www.justifacts.com](http://www.justifacts.com)

## ***State Specific Notices***

**Notice to California Residents:** Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts (5250 Logan Ferry Rd, Murrysville PA 15626 – 800-356-6885, [www.justifacts.com](http://www.justifacts.com)), upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the three-year period preceding your request. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In-person, if he appears in person and furnishes proper identification. A copy of his 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 makes a written request, with proper identification, for copies to be sent to a specified addressee. (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 a 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. Justifacts shall provide trained personnel to explain to you any information furnished, including coded information. You are permitted to be accompanied by one other person of your choosing, who shall furnish reasonable identification. Justifacts may require you to furnish a written statement granting permission to Justifacts to discuss your file in such person's presence.

**Massachusetts Residents:** You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a copy of such report upon its completion.

**New York Residents:** You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. Upon furnishing you the name and address of the consumer reporting agency to whom the request was made, you shall also be informed of your right to inspect and receive a copy of such report by contacting that agency.

**Vermont Residents:** Per 9 V.S.A. § 2480e. Consumer consent

(a) A person shall not obtain the credit report of a consumer unless:

- (1) the report is obtained in response to the order of a court having jurisdiction to issue such an order; or
- (2) the person has secured the consent of the consumer, and the report is used for the purpose consented to by the consumer.

(b) Credit reporting agencies shall adopt reasonable procedures to assure maximum possible compliance with subsection (a) of this section.

(c) Nothing in this section shall be construed to affect:

- (1) the ability of a person who has secured the consent of the consumer pursuant to subdivision (a)(2) of this section to include in his or her request to the consumer permission to also obtain credit reports, in connection with the same transaction or extension of credit, for the purpose of reviewing the account, increasing the credit line on the account, for the purpose of taking collection action on the account, or for other legitimate purposes associated with the account; and
- (2) the use of credit information for the purpose of prescreening, as defined and permitted from time to time by the Federal Trade Commission. (Added 1991, No. 246 (Adj. Sess.), § 1.)



Washington Residents:

You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company.

Additionally, you have certain rights and remedies under Washington law as summarized below:

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

The Washington Fair Credit Reporting Act, located at Chapter 19.182 RCW, substantially parallels the federal Fair Credit Reporting Act and the rights and remedies set forth in the Federal Trade Commission's Summary of Rights, except that, effective July 22, 2007, the Washington State law imposes greater limitations on the reasons for which an employer may obtain a consumer report. Beginning July 22, 2007, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reasons for using the information are disclosed in writing, or (2) the information is required by law.

You may exercise your rights and remedies under this Act by contacting:

**Washington State Attorney General's Office  
In State Toll-Free Number:**

**800-551-4636**

**Out of State Number:**

**206-464-6684**

**Website: <http://www.atg.wa.gov/Default.aspx>**

## Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc., an Agent for **Hospice of Washington County** to ascertain information regarding my background to determine any and all information of concern to my record and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, workers compensation and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

**PLEASE PRINT CLEARLY**

FULL NAME: \_\_\_\_\_

OTHER NAMES USED/MAIDEN NAME/DATES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ALL ADDRESSES FOR PAST 7 YEARS: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

\*\*\* MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Note:** No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered

**Notice to California Applicants** - By signing below, you acknowledge receiving the "Notice to California Residents". You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed.

**Notice to Massachusetts Applicants:** You may omit a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from, whichever date is later, occurred five or more years prior to the date of this application for employment, unless you have been convicted of any offense within five years immediately preceding the date of this application for employment.

**Notice to New York Applicants** — By signing below, you acknowledge receiving a copy of Article 23-A of the New York Correction Law, governing the licensure and employment of persons previously convicted of one or more criminal charges

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**California, Minnesota & Oklahoma Applicants Only:** Please check this box if you would like a copy of the background check mailed to you. Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$2,500 or imprisoned not more than two years or both."

**NOTICE:** Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation

Para Informacion en espanol, 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 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 the 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 any other type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you – must tell you, and 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 file;
  - You are the victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as the 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 the consumer reporting agencies that create credit 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 free from the mortgage lender.
- **You have a 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 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 report 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 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 of credit and insurance must include a toll-free 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)
- **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 info about your federal rights contact:**

TYPE OF BUSINESS	CONTACT:
<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 Bureau:</p>	<p>a. Bureau of Consumer Protection 1700 G Street NW Washington DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center –FCRA Washington, DC 20580 1-877-382-4357</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 PO 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 Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 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 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 Packers and Stockyards Act</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 State Small Business Administration 409 Third Street, SW, 8<sup>th</sup> Floor Washington DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington DC 20549</p>

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580 (877) 382-4357