



TEAM MEMBER PACKET

VOLUNTEER

VOLUNTEER COACH / ADAPTIVE VOLUNTEER

TEAM VOLUNTEER / RECREATION INSTRUCTOR

Turn in completed forms to:

Recreation Center
307 Miller's Crossing
Harker Heights, TX 76548
254-953-5657

Checklist

- Area(s) of Interest Table Completed
- Application Completed
- Read & Sign all Agreements & Acknowledgements
- Harker Heights Background Check Form Completed
- DPS Form Completed
- Political Activity Notice for Volunteers Completed
- Acknowledgement and Authorization Background Completed
- Tear Off & Give Applicant – A Summary of Your Right Under the Fair Credit Reporting Act
- Copy of State Issued Photo ID
 - **13 – 16 years old applicant will need parent/guardian to bring state issued photo ID**
 - Copy Parent/Guardian state issued photo ID
 - Copy child applicant: (need one [1] of the acceptable forms)
 - Driver's License
 - Student ID
 - **12 years and younger – applicant will need parent/guardian to volunteer with them.**
Parent/guardian will need to submit their own Team Member Packet.



Area(s) of Interest:	(Select all you prefer.)		
_____ Volunteer (Activities & Events)	_____ Program Leader (Senior Rec)	_____ Rec Instructor (Rec Programs, Sports Camps/Clinics)	_____ Assistant Rec Instructor (Rec Programs, Sports Camps/Clinics)
_____ Head Coach	_____ Assistant Coach	_____ Team Volunteer	_____ Adaptive Volunteer
Sport(s) of Interest:	(Select all you prefer.)	_____ Soccer	_____ Basketball
_____ Tee Ball	_____ Baseball	_____ Softball	_____ Volleyball

Revised 10.23.2025

RELATED EXPERIENCE:

Please list in chronological order, beginning with the most recent, educational, professional and relevant experiences to include degrees, certificates, licenses, organizations and/or affiliations.

SPORTS:

What age division(s) / sport(s) are you interested in head coaching? _____

What age division(s) / sport(s) are you interested in assistant coaching? _____

Have you coached with us before? (circle one) **Yes** _____ **No** _____ Most Recent Season: _____

Please list your child(s) and their age(s) you would like to coach: _____

If you are a head coach, please list any assistant coaches: _____

If you are assistant coaching, please list the coach you will be helping: _____

INSTRUCTORS:

Class Name: _____

List any assistant instructors: _____

If you are an assistant instructor, who will you be assisting? _____

As a Harker Heights Parks & Recreation Department Team Member, I agree:

1. To completely fill out and submit a team member packet annually.
2. To accept the guidance and decisions of the HHPRD staff.
3. To display respect to HHPRD staff, team members, official(s), score keeper(s), and the public.
4. To abide by all staff rules, City of Harker Heights / HHPRD policies and procedures, and facility rules.
5. To provide leadership through encouragement by following ALL league rules, bylaws, constitutions, etc. especially those concerning player participation, coach conduct, and sportsmanship.
6. To recognize the function of paid staff, maintain smooth working relationships and stay within the bounds of team member responsibilities.
7. To complete assignments to the best of my ability.
8. To wear appropriate attire as guided by HHPRD staff. This may include name badges, specific attire, costume, etc.
9. To properly use and maintain supplies, equipment, and facilities. Failure to maintain and return sports equipment will result in a loss of the 50% refund for head coaches.
10. To be responsible for the conduct of his/her team, assistant coaches, spectators, and class participants.
11. To ensure a safe and supportive environment for all participants.
12. To be punctual and in attendance to scheduled games and practices provided by the Sports Department.
13. To be punctual to assigned scheduled programs, activities, and events. Some events and activities will have a sign-in-and-out sheet, ensuring that volunteers have been verified and accounted for.
14. To inform the HHPRD staff as soon as possible if unable to keep the agreed schedule.
15. To act courteously to patrons and employees, display good sportsmanship positively representing the City of Harker Heights.
16. To maintain the dignity and integrity of the City of Harker Heights with the public and patron confidentiality.
17. I understand that a team member is an at-will employee and may be terminated at any time if it is determined to be in the best interest of the City, or if there is a violation of the agreement.
18. **CODE OF CONDUCT:**
In the spirit of sportsmanship, fans shall: Conduct themselves in a manner that represents the City of Harker Heights and the Parks and Recreation Department with honor, dignity, and respect. Always demonstrate the qualities of civility and sportsmanship. Not use vulgar, abusive, racist, sexist, demeaning or intimidating language at any time. Support the players, coaches, and officials in a positive manner. Treat the visiting team, coaches, and fans with courtesy and respect at all times. Not engage in cheers that are vulgar, crass, or demeaning. Refrain from throwing objects for any reason. Not become intoxicated or belligerent. BE A POSITIVE ROLE MODEL FOR THOSE AROUND YOU BY TREATING OTHERS WITH COURTESY AND RESPECT!
19. **GYM REQUIREMENTS:**
The only shoes allowed on the gym floor are those that are rubber-soled, no marking, and that have not been worn outside. Absolutely no food, gum, or beverages are allowed inside the gymnasium. Water bottles are allowed but must be kept on the concrete border to prevent damage to the gym floor caused by spills.

20. CITY OF HARKER HEIGHTS LIABILITY WAIVER:

I understand that the activities offered by the Harker Heights Parks and Recreation Department may involve strenuous physical activity which can result in property damage, bodily injury or death of myself or my child(ren) or ward(s). I understand and agree that the City of Harker Heights, the Parks and Recreation Department, and their respective agents, employees, officers, directors, and instructors("the City") are not undertaking responsibility to oversee these activities or to guarantee that such activities are free from risk of injury, loss or damage to either persons or property.

In consideration of the City's furnishing services, equipment and/or facilities. I hereby expressly assume all risk of loss, injury or death for myself and my child(ren) and ward(s) who participates in or attends Parks and Recreation Department programs. On behalf of myself, my child(ren), my ward(s), or heirs, assigns, and personal representatives, I agree to release, relieve, indemnify, and hold harmless the City against any and all claims, demands arising as a direct or indirect result of the use of City facilities, or participation in or attendance at Parks and Recreation Department activities. By myself, my child(ren), or my war(s). In case of any such claim, I agree to defend the action or proceeding by counsel acceptable to the City. I am aware that this is a release of liability which is intended to be legally binding. I have read it, I understand it, and I sign it of my own free will.

21. PHOTO POLICY:

I understand photos and/or video might occasionally be taken of me and/or my child(ren) while participating in City sponsored or supported programs/events. These photos and videos are for department and sponsor use only and may be used in future brochures, flyers, presentations, advertisements, or on the City's and/or sponsor's website and social media.

22. PARKS AND RECREATION REFUND POLICY:

Refund of fees shall be made under the following conditions:

1. If the Parks and Recreation Department cancels a sports league/recreation program, participants registered shall receive a refund of fees.
2. Participant's Cancellation- if, prior to the start of the first scheduled game/first scheduled day of recreation program, participants cancel their registration, they will receive a refund of fees; less a \$5.00 service charge (except for punch card purchases)
3. No Refunds or credits will be issued once the scheduled games/recreation program has started or a punch card has been purchased.
4. There will be no proration of fees
5. The refund may take up to 2-3 weeks to receive in mail.

All classes will be held at the recreation center unless otherwise noted in the Recreation Guide or website.

The department reserves the right to cancel, combine, change item, or date, or make any revisions which may be necessary.

23. ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Harker Heights Parks and Recreation Department ("HHPRD") has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, HHPRD cannot guarantee that you or your attendees will not become infected with COVID-19. Further, attending any program may increase your or attendees' risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that attendee(s) and I may be exposed to, or infected by COVID-19 by attending program(s) at an HHPRD facility, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at program(s) at an HHPRD facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HHPRD employees, instructors, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to attendees or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or attendees may experience or incur in connection with attendance of program(s) at an HHPRD facility. On my behalf, and on behalf of my attendees, I hereby release, covenant not to sue, discharge, and hold harmless HHPRD, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of HHPRD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attendance of program(s) at an HHPRD facility.

When the term HHPRD is used herein it includes the City of Harker Heights.

When the term program(s) at an HHPRD facility is used herein it includes HHPRD event or activity.

This agreement is entered into by the Team Member named below:

Printed Name: _____ Date: _____

Signature: _____

Parent/Guardian Printed Name (if under 18): _____

Parent/Guardian Signature (if under 18): _____

City of Harker Heights Background Check

Disqualifying Offenses

No person may serve with youth or children who has ever been convicted of any disqualifying offense, been on probation or received deferred adjudication for any disqualifying offense, or has presently pending any criminal charges alleging a disqualifying offense.

Disqualifying offenses are as follows:

- a. An offense classified as an offense against the person or family.

Examples:

Offenses against the person include, but are not limited to murder, assault, sexual assault, injury to a child, enticing a child, and harboring a child.

Offenses against the family include, but are not limited to bigamy, incest, interference with child custody, enticing a child, and harboring a runaway child.

- b. An offense classified as an offense against public order or indecency.

Examples:

Offenses against public order or indecency include, but are not limited to prostitution, obscenity, sexual performance by a child, possession or promotion of child pornography, and disorderly conduct.

- c. Robbery, arson, or an offense of any law regulating the possession, use, or carrying of weapons.
- d. A violation of any law intended to control the possession or distribution of any substance included as a controlled substance in Texas Controlled Substance Act.
- e. A violation of any law intended to limit the furnishing of alcohol or tobacco products to a minor.
- f. Any other felony offense which, in the judgment of the Parks & Recreation Director, indicates an unreasonable risk of harm to a minor.

Exceptions: misdemeanor drug or alcohol related convictions and convictions for assault and battery crimes against the person category may be excused if the convictions occurred more than five (5) years prior to the background check.

Acknowledgments

(Please initial)

_____ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I am not one who has ever, or currently abuses minors including, but not limited to abusing them sexually.

_____ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I do not have a paraphiliac diagnosis (e.g. pedophilia, exhibitionism, voyeurism).

Signature

Date

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) *Review of Personal Criminal History* or call the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of CHRI stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	Reminder: CHRI must be destroyed after authorized purpose has ended.
Destruction Method	Explain:

[CHRI + Audit Resources \(CJIS Launch Pad\) link](#)

Political Activity Notice for Volunteers

Volunteers are encouraged to vote and exercise other prerogatives of citizenship consistent with State and Federal law.

When a person is working in the role or function of a volunteer for the City of Harker Heights, they may not:

1. Wear apparel or a similar communicative device relating to a candidate, measure, or political party. If a volunteer is wearing apparel relating to a candidate, measure or political party, they will be asked to remove or cover up their apparel prior to volunteering.
2. Use his or her authority to influence or interfere with or affect the result of an election or nomination for office;
3. Directly or indirectly coerce, attempt to coerce, command, or advise a local or state officer or employee (in his or her official capacity) to pay, lend or contribute anything of value to a party, committee, organization, agency, or person for political purpose.

I understand that in participating as a volunteer, I am required to abide by the Political Activity Notice. I further understand and agree that if I am found to be in violation of political activity notice, I will be removed from the volunteer program.

Volunteer Printed Name_____

Volunteer Signature_____

Parent/Guardian Printed Name_____

Parent/Guardian Signature (If under 18)_____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by _____ ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Compu-Fact Research, Inc., 1236 Jungermann Rd, Ste. H-1, St. Peters, MO 63376; (888) 258-0216, compufact.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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

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

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

Massachusetts and New Jersey residents/applicants only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the company by directly contacting the consumer reporting agency identified above.

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

California residents/applicants only: By signing below, you acknowledge receipt of the "NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW".

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

NAME (FIRST/ MIDDLE/ LAST)

MALE/ FEMALE

OTHER NAMES USED IN THE LAST SEVEN YEARS (FIRST/ MIDDLE/ LAST)

Home Address for the past seven years: (List additional addresses on separate page, if needed.)

CURRENT ADDRESS (STREET / CITY, STATE, ZIP)

PREVIOUS ADDRESS (STREET / CITY, STATE, ZIP)

PREVIOUS ADDRESS (STREET / CITY, STATE, ZIP)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MONTH/DAY/YEAR)

DRIVER LICENSE NUMBER

DRIVER'S LICENSE STATE OF ISSUES

SIGNATURE

TODAY'S DATE

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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

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

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

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

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

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