

## BACKGROUND CHECK AUTHORIZATION

As part of the volunteer placement process, and at any time during my service as a volunteer, I hereby authorize Universal Background Screening on behalf of Stormont Vail Health, to procure a Consumer Report, which I understand may include information regarding my character, general reputation, personal characteristics or mode of living. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any source required to verify information that I voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Completion of this application process certifies that all information you have provided herein is correct to the best of your knowledge and belief. You understand all statements could be verified and that the making of a false statement herein, or the omission of any material fact, may result in your immediate discharge from Stormont Vail Health.

Medical screenings, including but not limited to immunity and tuberculosis blood testing, required for volunteering will be requested only if a volunteer position is offered by Stormont Vail Health. You agree that the pre-volunteer screening required by Stormont Vail Health is completed with your consent and that all volunteer offers are contingent upon successful completion of this pre-volunteer screening process.

### Volunteer Name:

- **First** Name \_\_\_\_\_
- **Full Middle** Name \_\_\_\_\_
- **Last** Name \_\_\_\_\_

**List other names** which records may be found. Example: maiden name, name prior to adoption, previous married name, etc.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_