

Background Check Authorization Release Form
[FOR VOLUNTEER PURPOSES]

Please be advised that we may also obtain an **investigative consumer report** including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting and/or conducting personal interviews with your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to www.consumerfinance.gov or write to: Consumer Financial Protection Bureau, PO Box 4503, Iowa City, IA 52244.

By signing below, I hereby authorize the company to obtain a consumer report and/or an investigative consumer report on me, and further authorize all entities having information necessary to complete a consumer report and/or investigative consumer report on me to release such information to the company or any of its affiliates or carriers, including: present and former employers; personal references; criminal justice agencies; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; departments of motor vehicles and motor vehicle records agencies; schools and learning institutions; licensing agencies; and credit bureaus and credit reporting agencies.

By signing below, I acknowledge the information that can be disclosed to the consumer reporting agency, if and only as allowed by law, includes information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, and professional credentials and licenses.

By signing below, I acknowledge and agree that this Background Screening Authorization Form shall remain valid and in effect during the term of my contract and/or for as long as I serve as a volunteer with the company, subject to applicable laws, and authorize the company to obtain a consumer report and/or an investigative consumer report on me during the onboarding process as well as at any time during the term of my service, where permitted by law.

Print **Full** Name _____
Phone number

Print other names you have used

Home Address City State Zip Code

Email Address: _____

Date of Birth Social Security Number

Application Signature Date

Reference # _____ Date Submitted _____ Approved _____ Not Approved _____ Date _____

Please be advised that a consumer report may be obtained on you for volunteering purposes.

Consumer reports may be obtained at any time after the company receives your written authorization, including during the initial screening and onboarding process; and, during any subsequent period you may serve as a volunteer with the company, where permitted by law.

Under the Fair Credit Reporting Act (FCRA), consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Consumer reports may include credit reports, criminal records and driving records, among other forms of information obtained from private and public record sources.

By signing below, I acknowledge that I have read the above.

Date: _____ Signature of Volunteer: _____

Print Full Name: _____

I have received a copy of and have signed:

- St. Mary's Hospital & Medical Center, Authorization Release Form
- St. Mary's Hospital & Medical Center, Standards of Business Conduct
- St. Mary's Hospital & Medical Center, Dress and Grooming Notice

Signed by: _____ Date: _____