

Mid-Columbia Medical Center
Disclosure and Authorization Regarding Procurement of Background Reports
For Potential Volunteers

In connection with my application for volunteer service, I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle and other reports. I authorize without reservation; any party or agency contacted to furnish the above-mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from the vendor used by MCMC in procuring background checks. This authorization and consent shall be valid in original, fax, or copy form. I further authorize ongoing procurement of the above-mentioned reports at any time during my volunteer tenure.

Criminal History:

Have you ever been convicted of a criminal offense (other than a minor traffic violation) after your 18th birthday? (Conviction will not necessarily disqualify an applicant; consideration will be given to the nature and timing of the crime in relation to the volunteer position). Yes No

If Yes, please explain: _____

Are there any currently pending and/or unresolved criminal charges? Yes No

If Yes, please explain: _____

Name: _____ Maiden/AKA: _____
 First Middle Last

Soc. Sec#: _____ Sex: _____ Date of Birth: _____

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long _____ to _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long _____ to _____

Name as it appears on Driver's License: _____

License #: _____ State held: _____

Applicant Signature: _____ **Date:** _____