

ADULTS ONLY!!!



St. Mary's General Hospital

BACKGROUND CHECK FOR ADULT VOLUNTEERS AT ST. MARY'S GENERAL HOSPITAL

DISCLOSURE AND AUTHORIZATION FORM

The volunteer applicant acknowledges that St. Mary's General Hospital, a member of Prime Healthcare, may now, or at any time while working as a volunteer, verify information within the volunteer application or resume. In the event that information from the report is utilized in whole or in part in making an *adverse decision* about accepting the applicant as a Hospital volunteer, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

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 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/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to St. Mary's General Hospital or any of its affiliates or carriers. I acknowledge and agree that this Background Check Disclosure and Authorization Form shall remain valid and in effect as long as I am a volunteer at the Hospital.

Date: _____

Signature of Applicant: _____

Print Name: _____