



CHI Health

Volunteer Investigation Inquiry Release

Imagine better health.™

In connection with the start and duration of my volunteer services with CHI Health St. Mary's. I understand that investigative background inquiries are to be made on myself including criminal search and sex offender registry. This information will, in whole or in part, be obtained from HireRight, Inc. 2100 Main Street, Suite 400, Irvine, CA 92614, telephone 800-400-2761. The criminal background check includes a Social Security Number Trace, a check of County Criminal Felony and Misdemeanor offenses, Excluded Provider search and the National Sex Offender Registry. This report will include information from federal and state agencies which maintain public and non-public records concerning my past activities relating specifically to assault, abuse and theft.

I understand that I have the right to request, within a reasonable period of time after my receipt of this release, a complete and accurate disclosure of the nature and scope of the investigation requested by CHI Health St. Mary's.

I understand this form does not constitute a contract or an offer for volunteer opportunities between CHI Health St. Mary's and myself. Any volunteer offer you may receive from CHI Health St. Mary's is contingent upon satisfactorily passing this background check. Volunteers will be able to interview and work with another volunteer for training while the background check is being completed. A volunteer may not work alone until a successful background check has been completed.

I authorize, without reservation, any party or agency contacted by CHI Health St. Mary's to furnish the above mentioned information: **Please Print**

Applicant Name (first, middle, last) _____
Social Security Number

Current Address _____
City & State _____
Zip Code

HOW MANY YEARS AT THIS ADDRESS _____ Driver's License No. _____

Previous Address if current under 7 years _____
City & State _____
Zip Code

HOW MANY YEARS AT THIS ADDRESS _____

Phone Number _____
Birth Date

Applicant
Signature _____ Date _____