

**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 18<sup>th</sup> 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:** \_\_\_\_\_