



Charlotte
Hungerford
Hospital

RELEASE STATEMENT

I authorize CHH to investigate thoroughly my work and personal history and verify all data given it. In return for being considered for a position, I release the CHH from any liability, which might arise from such an investigation. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide information requested about me and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and I understand that any falsification or willful omission may result in refusal of volunteering or dismissal.

I further understand that as a condition of volunteering at the CHH, I must submit to and pass a drug screening test and that if I do not pass the drug screening test, I will not be eligible to volunteer.

Signature

Date

For volunteers 18 years old or younger, parent/legal guardian consent is required.

Parental or Legal Guardian Signature

Date

Please Note: Volunteers 18 or younger will also be required to provide physician's immunization records