

RELEASE STATEMENT

I voluntarily authorize CHH to complete a background check including Criminal, OIG, Social Security Trace and References prior to my start date. In return for being considered for volunteer services, I release the CHH from any liability, which might arise from such an investigation. I authorize all individuals, schools, and firms named herein, to provide information requested about me and I release them from all liability for damage in providing this information.

I understand that any offer of volunteer services I may receive is contingent upon me successfully passing, to Charlotte Hungerford Hospital's satisfaction, an Occupational Health clearance and background check (including Criminal, OIG, Social Security Trace and References). I authorize any health care professional facility that performs an examination or has other information concerning my pre-assessment results to release such information to Charlotte Hungerford Hospital.

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.

Please write clearly in Ink only

Have you ever been convicted of a crime including, misdemeanor, motor vehicle or felony offenses? Yes No

If yes, please explain _____

Are there any charges currently pending against you? Yes No

If yes, please explain _____

Name (Last) _____ (First) _____ (Middle) _____

Social Security Number _____ / _____ / _____ Date of Birth _____

Your Signature _____ Today's 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 physicians
Immunization records