

**Methodist Willowbrook Hospital # 3088**  
**VOLUNTEER INFORMATION**

**APPLICANT'S FULL NAME** \_\_\_\_\_  
Any Other Names Used \_\_\_\_\_  
Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_  
Address on D.L.: \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level  
(  GED – provide state) \_\_\_\_\_  
Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_  
Name on GED or under which you graduated \_\_\_\_\_  
Year(s) Attended \_\_\_\_\_ Year Graduated/GED Completed \_\_\_\_\_

Please provide any current professional licenses, certifications, or registries you may hold:  
Name as it appears on license/Certification/Registry \_\_\_\_\_  
Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_  
Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

\*Before answering the question below, you **MUST** carefully read the following information:  
Do not report any conviction which state law allows you to lawfully deny, as set forth in the [state notices](#) that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices above and confirm that the information you provide is true and accurate.

**Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?** If you answer Yes, you must provide details. Yes  No  (Please attach a separate sheet of paper to provide additional entries)

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_  
Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.  
(Please attach a separate sheet of paper to provide additional entries)

1. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
2. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

**Additional Questions**

1. If you have lived or worked outside of the United States, please provide your mothers maiden name as it may be required for criminal record searches.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE LAW NOTICES**

**California** applicants or employees only: Please mark this field \_\_\_\_ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**California** applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

**Colorado** applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

**Connecticut** applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

**Maryland** applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

**Massachusetts** applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432.

**Minnesota** applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; [1-888-773-2432. Place an X here \_\_\_\_\_ for a disclosure to be sent to you. Place an X here \_\_\_\_\_ for a free copy of your consumer report to be sent to you.

**Montana** applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

**New Jersey** applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, [www.precheck.com](http://www.precheck.com).

**New York** applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: \_\_\_\_\_.

**Oklahoma** applicants or employees only: Mark an X here \_\_\_\_\_ you would like to receive a free copy of your report.

**Oregon** applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, [www.precheck.com](http://www.precheck.com). If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

**Vermont** applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

**Methodist Willowbrook Hospital # 3088**  
**VOLUNTEER DISCLOSURE**

APPLICANT'S FULL NAME \_\_\_\_\_  
Any Other Names Used \_\_\_\_\_  
Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_  
Address on D.L.: \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

[www.PreCheck.com](http://www.PreCheck.com) [info@precheck.com](mailto:info@precheck.com)

ph: 800-999-9861 fax: (800) 207-2778

**Methodist Willowbrook Hospital # 3088**  
**VOLUNTEER AUTHORIZATION**

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Methodist Willowbrook Hospital at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of Methodist Willowbrook Hospital, and/or Methodist Willowbrook Hospital itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes  No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Last four digits of SSN \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_