



**NORTHSIDE HOSPITAL
CHEROKEE**

AUXILIARY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

We welcome your application as a potential volunteer at Northside Hospital. We are proud of our success and recognize it as the result of the quality and caliber of the volunteers in our organization. In pursuit of that excellence, we require as a condition of volunteering and/or continued volunteering that all applicants consent to and authorize a pre-volunteer verification of the background information submitted on your volunteer application and this form.

This release and authorization acknowledges that this company and First Advantage Background Services Corp., a consumer reporting agency, may now, or at any time while you are volunteering, receive any criminal history record pertaining to you which may be in the files of any federal, state, county or local criminal justice agency in any State and/or other information deemed necessary to fulfill the volunteer requirements. First Advantage Background Services Corp. will access motor vehicle records when the applicant will drive hospital owned vehicles while performing volunteer duties. The information received may include, but may not be limited to, the aforementioned agencies. The results of this verification process will be used to determine volunteer eligibility. Convictions for a felony or misdemeanor will not necessarily be a bar to volunteering.

I authorize First Advantage Background Services Corp., P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004 (referred to as "First Advantage") and any of its agents/designated representatives to disclose orally, electronically, and in writing the results of this verification process and/or interview to the designated authorized representatives of this Company.

I do hereby forever release and discharge the Company, its agents, First Advantage, and its associates to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by the Company and to receive orally, written or electronically a copy of the consumer report and a description of the rights of a consumer. I agree that any copy of this document is as valid as the original.

I hereby certify that all of the statements and answers set forth on the volunteer application and this form are true and complete to the best of my knowledge. I understand that if subsequent to volunteering any such statements and/or answers are found false or that information has been omitted, such false information or omissions will be considered as cause for possible dismissal.

Signed

Date



First Advantage

A Symphony Technology Group Company

GCIC Authorization Form Georgia Bureau of Investigation Georgia Crime Information Center

Consent Form

I hereby authorize **Northside Hospital Cherokee Auxiliary** to receive any Georgia criminal history record information pertaining to me which may be in the files of any files of any state or local criminal justice agency in Georgia.

Full Name (print)

ress

Add

Sex

Race

Date of Birth

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – civilian (Purpose code 'J')
- Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180/ (circle one) days from date of signature.
- I, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.