

NORTH CAROLINA BAPTIST HOSPITAL'S VOLUNTEER SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, understand that in consideration of my application, an investigation will be conducted. I authorize North Carolina Baptist Hospital's Volunteer Services., through its agent, Investigative Associates & Consultants, Inc., to conduct such an investigation and release the company and its agent, including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, credit consumer history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

_____ Last First Middle (Please print Full Birth Name - Do not use initials)			_____ Social Security #	_____ Mo.	_____ Day	_____ Yr
_____ Maiden, Previous Married, and all other Alias names used			_____ Driver's license #	_____ State	_____ Sex	_____ Race
_____ Present Address			_____ City/State	_____ Zip/County	_____ Yr	_____ Mo
List all other addresses used for the past 7 years - use additional page(s) if needed.						
_____ Previous Address			_____ City/State	_____ Zip/County	_____ Yr	_____ Mo
_____ Previous Address			_____ City/State	_____ Zip/County	_____ Yr	_____ Mo
_____ Previous Address			_____ City/State	_____ Zip/County	_____ Yr	_____ Mo

If you have lived in the following states within the last seven years; Alabama, Arkansas, District of Columbia, Idaho, Iowa, Massachusetts, Minnesota, New Hampshire, New Mexico, Rhode Island, or Virginia, you will be asked to complete an additional form at the time of your interview.

If you have lived in Delaware, Georgia, Maryland, Nevada, New Jersey, Ohio, South Dakota, Texas, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) at the time of your interview.

A telephone facsimile or photographic copy of this authorization shall be as valid as the original.

_____ Applicant's Signature	_____ Date
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I certify that the above-named individual appeared before me this _____ day of _____ 20 _____

(Notary)

My commission expires _____

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___ CRIMINAL ___ DMV ___ SS# VERIFICATION ___ CREDIT REPORT ___ EDUCATION CREDENTIALS

Recruiter: _____ **Date Faxed:** _____

Investigative Associates & Consultants, Inc. (336) 768-7040 Telefax: (336) 768-2728 E-mail: IAC@triad.rr.com