

# Volunteer Applicant Background Check Release

## Applicant Instructions:

1. Please provide the following information and return this form to:

Good Samaritan Medical Center  
Volunteer Services **Attn: Katrina Gebhart**  
200 Exempla Circle  
Lafayette, CO 80026

Email: [katrina.gebhart@imail.org](mailto:katrina.gebhart@imail.org)

Legal First Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Please read and sign the form below

## **DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

### **Disclosure**

Intermountain Healthcare (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

### **Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

Volunteer Last Name: \_\_\_\_\_ Volunteer First Name: \_\_\_\_\_

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