

The Auxiliary of Margaret R. Pardee Memorial Hospital
Hendersonville, NC

AUTHORIZATION AND RELEASE FORM

[PLEASE READ CAREFULLY]

For security and compliance purposes, Volunteer applicants must undergo a thorough background investigation for Pardee Hospital. The information furnished on this application will be used strictly for the purpose of identification, facilitating the background investigation and validating its findings. The personal history information contained herein will be retained in the official volunteer files.

Have you ever been convicted of, pled guilty to, or have charges pending for a crime other than minor traffic violations? {Driving while impaired is not considered a minor traffic violation. Charges waived for an admission of guilt will be considered a conviction} _____ Yes _____ No If Yes, nature of offense(s) and date(s)

(Conviction will not necessarily bar you from volunteering)

COMPLETE NAME NO INITIALS

PRINTED NAME: _____

CURRENT ADDRESS: _____
{Physical Address, P.O. Boxes are not acceptable} Month and Year Residence began

City State Zip Code

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PREVIOUS NAMES:

Have you been known by any other name or names (such as maiden name, previous married names, aliases, nicknames, etc.) DURING THE LAST 7 YEARS? YES NO

If yes, please list all previous names up to and including present name. Begin with your PRESENT name and enter the MONTH AND YEAR you began using each name. Include reversion to maiden name if applicable.

- (1) _____
{Name} {Month and Year}
- (2) _____
{Name} {Month and Year}
- (3) _____
{Name} {Month and Year}
- (4) _____
{Name} {Month and Year}

PLEASE TURN FORM OVER

PREVIOUS ADDRESSES

Please list all previous **PHYSICAL** addresses/locations of residence for the past **7 years** (**P.O. BOXES ARE NOT ACCEPTABLE**) and the inclusive dates of residence at each address or location

BEGIN WITH YOUR PRESENT ADDRESS AND WORK BACKWARDS FOR THE PAST 7 YEARS
LIST STREET NAME, CITY AND STATE

ADDRESS:	MONTH/YEAR BEGAN	MONTH/YEAR ENDED
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

PLEASE READ CAREFULLY

I hereby certify that the facts set forth on my volunteer application (and any accompanying résumé) and the Authorization and Release Form are true and complete to the best of my knowledge. I agree and understand that any misrepresentation or falsification of information or failure to disclose information during the volunteer application process may disqualify me from volunteering. I authorize inquiry into all statements contained in the application (and any accompanying résumé) and the Authorization and Release Form and give Pardee Hospital or agents of Pardee Hospital permission to contact schools, previous employers (unless otherwise noted), references, government agencies, criminal justice agencies, motor driving records, persons, companies, and others. I hereby release Pardee Hospital and its agents and all providers of such information concerning me, from any liability as a result of such contact.

PRINTED NAME: _____

SIGNATURE: _____

DATE SIGNED: _____