Volunteer Authorization for Background Check

In connection with my application for volunteering, I understand, and am hereby notified by this document, that Hospice of the Comforter is authorized to request a background check report for evaluation of me for a volunteer position. I understand that, as directed by company policy and state and federal regulations, a background check report may contain information from public records, including written, oral, or other communications bearing on my character, general reputation, personal characteristics, or mode of living which may or may not be used as a factor for volunteer selection. I further understand that inquiries may include, but are not limited to, criminal convictions, motor vehicle records, education, and previous employment. I understand that information may be requested from various state and federal agencies, information service bureaus, schools, employers or insurance companies.

I acknowledge that a telephone facsimile (FAX) or photogenic copy of this authorization will be as valid as the original.

I understand that I have the right to make a written request of Hospice of the Comforter for information concerning the nature and scope of the investigation requested.

I authorize without reservation any party or agency contacted by Hospice of the Comforter, or its designated reporting agency, to furnish the above-mentioned information.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

_____

PRINT – Last Name First Name Middle Initial

_____

PRINT – other names you have used

_____

Current Home Address

_____

City State Zip Code

* If living in Florida less than 7 years, indicate state of residency for previous 7 years_____

_____

Social Security Number Date of Birth

Sex: Male___ Female___

_____

Drivers License Number State

_____

Signature Date

Please send your application and background check authorization one of the following ways:
Mail: Hospice of the Comforter, Attn: Melissa Voda, 480 W. Central Parkway, Altamonte Springs, FL 32714
Email: melissavoda@hospiceofthecomforter.org
Fax: 407-682-5956