



RELEASE AND AUTHORIZATION

In order to determine whether a candidate is suitable for a Volunteer position, it is necessary to thoroughly review your criminal background. Please carefully review the following paragraphs and sign and date the form below.

I, _____, hereby authorize **St. Luke’s Hospital at The Vintage** and/or their authorized agent, K. Griff Investigations, Inc., to contact any employer, law enforcement agency, state agency, institution or private information bureau that has any record or knowledge of my worker’s compensation claims, motor vehicle operation history, or criminal history, in order to obtain or verify information on, but not limited to criminal, credit, driving, and education. I hereby authorize K. Griff Investigations, Inc., to release any so acquired information to **St. Luke’s Hospital at The Vintage** or it’s representatives. I hereby release **St. Luke’s Hospital at The Vintage** and K. Griff Investigations, Inc., their officers, employees, and agents, from any and all liability arising from the results of any investigation and the preparation of any reports concerning myself or my background. This authorization shall be valid one year from the date signed and a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

I waive any provision impeding the release of this information, and agree to provide any information necessary for the release of this information above and beyond that provided on the clinical staff application.

If employed, I further authorize periodic checks of all above referenced sources as may be deemed necessary by employer.

Full Name including **maiden** (Pls. Print)

Social Security Number

Address

Driver’s License Number & State

City/State/Zip

Date of Birth

Signature

Date