



Background Check Report Authorization for Volunteers

I hereby authorize and request any present or former employer, school, police department, court, or other persons having personal knowledge about me to furnish Kaiser Permanente or its agents with any and all information in their possession regarding me in connection with my Kaiser Permanente application to volunteer. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive my written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written volunteer application, which I sign.

I have been given a stand-alone, consumer notification that background information will be requested and used for the purpose of evaluating me for assignment, promotion, reassignment or retention as a volunteer. I also agree that follow-up background checks may be done for cause at any time during the course of my volunteering.

Print full name: _____
Last First Middle

Date of Birth: _____ **Social Security No.** _____
(for background identification purposes only) (for background identification purposes only)

Driver's License or Identification Number: _____

Other names used: _____
(due to marriage or any other reason)

List Current and Former Residences within the Last 7 Years: (most recent first)

Address: _____
Number Street City
State Zip Code Country
from _____ to _____
Date Date

Address: _____
Number Street City
State Zip Code Country
from _____ to _____
Date Date

I release any present or former employer, school, police department, court, consumer reporting agency, investigative agency, including any law enforcement agency or information system and any related officers, agents and employees from any damages I allege to have occurred as a result of actions taken by any party.

I agree that this Authorization is valid from the date signed until any relationship I have with Kaiser Permanente is severed. If Kaiser Permanente does not accept me as a volunteer, I may withdraw the authorization at any time by doing so in writing.

I certify that the above identification data is true and complete and without omissions. I understand that if accepted for volunteering, any false statements of material fact or omissions on this form will be considered sufficient cause for termination of my volunteer placement at any time it is discovered. I further understand that I may request a copy of the Background Investigation Report findings from the vendor Lexis Nexis which would be mailed to my home address listed on the Volunteer Application. I understand that Lexis Nexis may contact me to obtain additional background information.

Signature: _____ **Date:** _____

Would you like to receive a copy of the Background Investigation Report findings? Yes No

CRIMINAL PUBLIC RECORD CHECK (PLEASE COMPLETE ALL SECTIONS BELOW)

In answering the following question, DO NOT disclose Misdemeanor marijuana-related convictions that are more than two years old; convictions that have been expunged, sealed, or statutorily eradicated; misdemeanor convictions for which probation has been successfully completed or discharged and the case has been judicially dismissed; or any referrals to a pre-trial or post-trial diversion program.

Have you even been convicted of a crime? Yes No

“**A crime**” means any misdemeanor or felony regardless of age including convictions for motor vehicle/driving violations that constitute a misdemeanor or felony; e.g., Driving under the influence of drugs or alcohol, Reckless Driving.)

“**Convicted**” means plea, verdict, or finding of no contest or guilt, regardless of whether sentence was imposed by the court.

If YES for each conviction indicate: (Use reverse for additional cases)

DATE	CRIME	COURT: NAME	CITY	COUNTY
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Conviction of a crime is not an automatic bar to a volunteer assignment. All circumstances will be considered. However, failure to fully disclose is falsification and grounds for immediate termination of the volunteer assignment upon discovery at any time during the volunteer assignment.

Are you presently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a criminal case now pending? This includes cases pending trial, continued for hearings, cases where warrants are outstanding and cases where you are released on bail or your own recognizance. <input type="checkbox"/> Yes <input type="checkbox"/> No
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If the volunteer assignment you applied for is in a health facility and has access to drugs and medications, have you ever been **arrested** for an offense involving controlled substances?
 Yes No

If the volunteer assignment you applied for is in a health facility and has regular access to patients, have you ever been **arrested** for a sex offense for which registration as a sex offender would be required upon conviction?
 Yes No

CRIMINAL PUBLIC RECORD CHECK (PLEASE COMPLETE ALL SECTIONS BELOW)

Have you ever been sanctioned or otherwise excluded from participation in Medicare, Medicaid or any other federal or state health care program? Yes No If YES, what date was the sanction/exclusion imposed?

Are any such actions pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you still on the sanction/exclusion list? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what date did the sanction/exclusion end? _____ When were you reinstated? _____
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This application is submitted with the understanding that a satisfactory health screening must be completed. I hereby consent to such a screening and inclusion of a statement whether I have passed or failed the screening in my volunteer file.

I further understand that Kaiser Permanente will verify the statements I have made regarding any criminal convictions which may have been on my record. I give Kaiser Permanente consent to conduct a criminal records check. I authorize my past employers and the persons named as references to give Kaiser Permanente pertinent work-related information about me. I also understand that all offers of volunteer assignments are contingent upon receipt of satisfactory verification of all of the above information.

I certify that all answers I have given in this document are true and correct and I have not knowingly withheld any facts or circumstances. I understand that all answers given on this document and in the application process are subject to verification and that should I be accepted for a volunteer assignment at Kaiser Permanente, any falsification, misrepresentation, or omissions of facts are sufficient reasons for dismissal upon discovery at any time during any volunteer assignment(s).

SIGNATURE: _____ **DATE:** _____