

WAKE FOREST BAPTIST MEDICAL CENTER VOLUNTEER SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, understand that in consideration of my application, an investigation will be conducted. I authorize Wake Forest Baptist Medical Center Volunteer Services, through its agent, **Investigative Associates & Consultants, Inc.**, to conduct such an investigation which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. I further understand that at any time during the course of my volunteer service, Wake Forest Baptist Medical Center Volunteer Services, through its agent, **Investigative Associates & Consultants, Inc.**, in accordance with all applicable state and federal law, may obtain additional or supplemental investigative reports to be used in connection with my retention as a volunteer at Wake Forest Baptist Medical Center Volunteer Services. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

Last First Middle Social Security # Mo. Day Yr
(Please print Full Name – Do not use initials) Date of Birth

Maiden, Previous Married, and all other Driver's license # State Sex Race
Alias names used

Applicant's Telephone Number Applicant's email address

Present Address City/State Zip/County Yr Mo
How long?

List all other addresses used for the past 7 years - use additional page(s) if needed.

Previous Address City/State Zip/County Yr Mo
How long?

Previous Address City/State Zip/County Yr Mo
How long?

If you have lived in the following states within the last seven years; Alabama, Arkansas, District of Columbia, Idaho, Iowa, Massachusetts, Minnesota, New Hampshire, New Jersey, South Dakota, or Virginia, you will be asked to complete an additional form in order to complete your application.

If you have lived in Delaware, Nevada, Ohio, South Dakota, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) in order to complete your application.

A telephone facsimile or photographic copy of this authorization shall be as valid as the original.

Applicant's Signature Date

After completing this form, please print, sign and either mail it to Volunteer Services at the address below or deliver it to our office. The on-boarding process of your request to become a Wake Forest Baptist Health volunteer will not be completed until our office has received this release and it has been returned from Investigative Associates.

**Wake Forest Baptist Health
Volunteer Services
Main Floor, Ardmore Tower
Medical Center Boulevard
Winston-Salem, NC 27157**

Office Hours: Monday - Friday 8:00am - 5:00pm



- Instructions for completing this form:
1. Follow the formatting instructions.
 2. Complete the form legibly.

BIOGRAPHICAL AND CONTACT DETAILS

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Social Security Number (last 4 digits only): _____ Date of Birth (format mm/dd/yyyy): _____

Gender: Female Male

Race: 2 or more races American Indian/Alask Native Asian Black/African American

Hispanic/Latino Native Hawaiian/Other Pacific Islander White

Other (identify): _____

Address: (Street/Apt #) _____ (City) _____
 (State Abbrev) _____ (5 digit Zip) _____

Phone Number (format (xxx)xxx-xxxx): _____ Phone Type: Business Cell Home

Mother's first name: _____

Have you ever worked at Wake Forest Baptist Medical Center or its affiliates? Yes No

Have you ever been seen as a Patient at our Medical Center? Yes No

Have you ever been seen in Employee Health? Yes No

Do you currently have an active WFBMC badge? Yes No

WFBMC Email Address (if you already have one): _____ @wakehealth.edu

Other Email Address: _____

I hereby acknowledge that I have not misrepresented the information provided in this registration form.

Accept this Day _____ **of** _____, _____
(1-31) (Month) (Year in format yyyy)

Name: _____