



**Wolfson
Children's
Hospital**
Auxiliary

Wolfson Children's Hospital Auxiliary
800 Prudential Drive
Jacksonville, FL 32207
Phone 904.202.8008; Fax: 904.202.8007

BACKGROUND INVESTIGATION

FAIR CREDIT REPORTING ACT- DISCLOSURE TO VOLUNTEER APPLICANTS

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681-1681u, Baptist Health is providing this notice that Baptist Health may obtain a consumer report, (which may include a credit report, criminal history, motor vehicle report, abuse registries, and workers' compensation) concerning you in conjunction with either your application and/or decisions concerning your volunteer status with Baptist Health at any time.

FAIR CREDIT REPORTING ACT - AUTHORIZATION TO OBTAIN CONSUMER REPORT

I hereby authorize Baptist Health either directly, or through its agent, to obtain a consumer report, (a credit report, criminal history, motor vehicle report, abuse registries, and workers' compensation as part of a required physical) concerning me during the application process or at any time I may be volunteering. It is my understanding that Baptist Health may use a consumer report obtained based on this authorization in decisions concerning my status with Baptist Health Applicants are subject to a background investigation with Florida Department of Law Enforcement and other state, out of state, and local agencies.

Applicants are evaluated on the merits of their qualifications regardless of the individual's race, sex, color, national origin, age, handicap, religion, marital status, status as a veteran, or any other legally protected status. Applicants and volunteers will not automatically be disqualified from a service position based solely on a criminal record. Each incident will be judged on its own merits with respect to the date of the incident and conviction, seriousness, nature of the crime, rehabilitation, duties relatedness, and any other relevant considerations.

Have you ever been convicted of or pled guilty, no contest, or *nolo contendere* to a crime? This includes a DUI or DWI, a criminal conviction, debarment, sanction, or exclusion related to Medicare, Medicaid or any other federal or state-funded health care program(s), or ineligibility for participation in a federally or state-funded health care program. ☐ YES ☐ NO
If yes, give details (date, place, offense(s), disposition, etc): _____

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, entered a pre-trial intervention program, or have any criminal charges now pending? ☐ YES ☐ NO If yes, give details: _____

PLEASE PRINT ALL INFORMATION ON THE NEXT PAGE AND SIGN AT THE BOTTOM

The following information is required to perform the background investigation:

- First and middle names should be as they appear on your birth certificate.
- In the "other name field," include all last names that you have ever had.

Other Name(s) than current: _____

Sex: Male ☐ Female ☐
Race: White ☐ Black ☐ Asian ☐ Hispanic ☐ Other _____

List all states outside of Florida in which you have resided within the past seven (7) years.

State(s): _____ County(ies): _____

Signature of Applicant

Date



SingleSource Services Form

FAX TO: 904.241.0601

The WCH Auxiliary office will fax this document to SingleSource Services.

Applicant: Please complete only the top two sections. Thank you!

Applicant Information (*Print Only*)

Full Name:	Last	First	Middle	(Maiden)
Social Security Number			Date of Birth	
Address:	Street	City	State	Zip

Criminal History Information

Please include other areas in which you would like a criminal history search performed. The most accurate way for SingleSource Services to locate the county of residence is through the Zip Code. You may list city and state or only the Zip Code. Jurisdiction No. 1 is the applicant's current resident city and state listed above.

Jurisdiction No. 2			Jurisdiction No. 3		
City	State	Zip	City	State	Zip

Special Instructions or special attention desired:

Volunteer Package includes:

- National Social Security Search
- MSCHS
- Discovery

MSCHS: Multi-State Criminal History Search

Note: The Multi-State Sex Offender Search is included in the MSCHS.

THE FOLLOWING SECTION (BELOW) IS FOR THE AUXILIARY OFFICE TO COMPLETE.

The Auxiliary secretary or volunteer completes this form and faxes it to SingleSource Services with the applicant's completed Release Form.

Billing Code: WCHA
Reference: Wolfson Children's Hospital Auxiliary

Company: **Wolfson Children's Hospital Auxiliary**

Contact: ☐ Jeannie Poon

Phone No.: 904.202.8008

Fax No.: 904.202.8007

☐ NSSS (National Social Security Search)

☐ Criminal ☐ County ☐ Statewide

☐ Multi-State Criminal History Search

☐ Multi-State Sex Offender Search

☐ Federal Criminal

☐ Education

☐ Verify Previous Employment

☐ Credit History

☐ Driving Record

☐ Professional License

☐ Professional References

☐ Drug Screening

☐ Civil Records Search

☒ **Package – Volunteer**

CONFIDENTIAL
SingleSource Services