

**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.**

**If completed electronically, checking this box signifies an electronic signature.**

\_\_\_\_\_  
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**