

# HURLEY FOUNDATION

## RELEASE OF INFORMATION FORM

The Hurley Medical Center Volunteer Program requires criminal history background checks to be completed before placement. The following information is required by the State of Michigan to conduct these background checks.

Please **PRINT** the following information:

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE INITIAL** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**MONTH OF BIRTH** \_\_\_\_\_ **DAY OF BIRTH** \_\_\_\_\_ **YEAR OF BIRTH** \_\_\_\_\_

\_\_\_\_\_

**GENDER**

\_\_\_\_\_ **MALE**

\_\_\_\_\_ **FEMALE**

**RACE**

\_\_\_\_\_ Asian American/Pacific Islander/Far Eastern/Indian Subcontinent or Southeastern Asia (i.e., China, Japan, Korea, Philippine Islands, Samoa)

\_\_\_\_\_ Black/African American (Not of Hispanic Origin)

\_\_\_\_\_ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American

\_\_\_\_\_ Native American Indian/Alaskan Native

\_\_\_\_\_ White/Caucasian/European/North American/Middle Eastern

\_\_\_\_\_ Other \_\_\_\_\_

**HURLEY  
FOUNDATION**  
RELEASE OF INFORMATION FORM  
PAGE TWO

OTHER LAST NAME	OTHER FIRST NAME	OTHER MIDDLE INITIAL

I understand that a routine criminal history check may be conducted according to city and state criminal history file search procedures. Should an inquiry be made, I understand that information on the scope and nature of the findings will be provided to me upon my written request. I understand that my acceptance as a volunteer is conditional and preliminary until all formal documents are completed.

I hereby authorize my former employers, schools and governmental agencies to release all pertinent information regarding my services, academic achievements and character needed by Hurley Medical Center to complete the processing of my application for volunteer. I will not hold such organizations or individuals employed by such organizations liable for furnishing such information, and I hereby waive my right to receive written notice of any such information provided.

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Signature

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Social Security Number

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Date

**If you are under 18 years of age, a signature of a parent or legal guardian is also required.**

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Signature

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Relationship to Volunteer