



Del Corazon Hospice

BACKGROUND SCREENING FOR VOLUNTEERS

I, hereby authorize Del Corazon Hospice and/or its agents to make an independent investigation of my background references, character, past employment, education, criminal or police records including those maintained by both public and private organization and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering.

I release Del Corazon Hospice and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge. (Please print)

Your Name:

Last _____ First _____ Maiden _____

Other names used: _____

Your Social Security Number: _____

Date of birth: _____ Gender: female male

Place of birth: _____

Eye color: _____ Hair color: _____ Height: _____

Address: _____

Driver's License Number: _____ State: _____ Expiration: _____

Note: Information requested above is required for identification purposes only and is in no manner used as qualification for volunteering. Del Corazon Hospice is an Equal Opportunity Employer and does not discriminate on the basis of gender, race, religion, age, impairments, or ethnicity.