

Jupiter Medical Center Auxiliary
1210 Old Dixie Highway, Jupiter FL 33458
561.263.4461

As an applicant to become a volunteer, or as a volunteer, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you as a volunteer an investigative consumer report may be obtained at any time during the application process or during your tenure as a volunteer.

I understand that Jupiter Medical Center will utilize the services of a consumer reporting agency as part of the procedure for processing my application as a volunteer. I understand that the consumer reporting agency will conduct an investigation which may include obtaining information regarding my references, education, previous employment verification and/or job performance, professional licenses, driving history, criminal history records, verification of social security number, residential addresses, and worker's compensation history. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.

I understand that by requesting this information, Jupiter Medical Center Auxiliary makes no promise of accepting me as a volunteer and Auxilian. I also understand that a photocopy of this authorization may be accepted with the same authority as the original; and that if I become a member of the Jupiter Medical Center Auxiliary, this authorization will remain in effect throughout my tenure as a volunteer. I also understand that the information requested below is for the sole purpose of gathering information accurately, and will not be used to discriminate against in violation of any law.

I hereby consent to this investigation, and by my signature below, authorize Jupiter Medical Center to procure a report on my background, as stated above, from a consumer reporting agency.

Please Print Clearly

NAME _____
First Middle (Full) Last

ADDRESS _____
Street Apt

City State Zip

TELEPHONE _____
Home Cell

SOCIAL SECURITY # _____

DATE OF BIRTH (for ID purposes only) _____
Month Day Year

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FOUND GUILTY OF A CRIME, OR ENTERED A PLEA OF NOLO
CONTENDRE (NO CONTEST) TO A CRIME EVEN IF YOU RECEIVED A WITHHOLD OF ADJUDICATION?

____ YES ____ NO **IF YOU ANSWER YES, PLEASE EXPLAIN ON THE REVERSE OF THIS PAGE.**

Signature _____ **Date** _____

EXPLANATION OF “YES” ANSWER:

If you have answered “YES”, please explain and include details of the type of crime, the date of conviction, finding or plea, the penalty imposed, the full name under which you were charged with the crime and the location of the court involved. Please be advised that answering “YES” to this question is not necessarily a bar to acceptance in the Auxiliary; however, it will be used as a variable in determining the appropriateness of the position being sought.
