

Notice of and consent to background investigation.

NOTICE: Covenant Health System and/or its affiliates intends to conduct an investigation, and or obtain from a consumer reporting agency information concerning your character, general reputation (including criminal records), personal characteristics, and mode of living for the purpose of determining your eligibility for volunteer service. By your signature below you are affirmatively authorizing Covenant Health System and/or its affiliates to request and use your report for volunteering purposes.

CONSENT: I hereby authorize Covenant Health System and/or its affiliates to request and obtain a report on me as described above for purposes of evaluating my qualification for volunteering. I also understand that if a report from a consumer reporting agency is the basis for an adverse volunteer action, I can be furnished a copy of the report and such additional information as may be required by the law. This authorization shall remain valid until I furnish Covenant Health System a written notice of revocation.

Applicant Signature

Date

CONFIDENTIALITY AGREEMENT: I understand and agree that in the performance of my duties as a volunteer of Covenant Health System, I may have access to confidential information regarding patient records, personal records, and hospital records. It is one of my most important responsibilities to protect the privacy and confidence of patients, employees and the hospital. Any confidential information should be used only in the performance of duties. I understand that my failure to comply will result in disciplinary action, which may include discharge.

Applicant Signature

Date

CONSENT TO PHOTOGRAPH: The undersigned does hereby authorize Covenant Health System to photograph, or permit others persons to photograph,

(print - name of volunteer)

And agree that they may use, or permit other persons to use the negative, prints or videotape prepared there from, for such purposes and in such manner as may be deemed necessary.

Volunteer's Signature

Date

Witness Signature

Date