

Lake City Medical Center - Volunteers/High School Students # 12248  
VOLUNTEER AUTHORIZATION

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Lake City Medical Center - Volunteers/High School Students at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of Lake City Medical Center - Volunteers/High School Students, and/or Lake City Medical Center - Volunteers/High School Students itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes  No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Last four digits of SSN \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

[www.PreCheck.com](http://www.PreCheck.com) [info@precheck.com](mailto:info@precheck.com)

ph: 800-999-9861 fax: (800) 207-2778