

**Spectrum Health United & Kelsey Hospitals**  
703 Marvel Drive  
Greenville, MI 48838  
Phone: 616-225-6427

**Authorization for a Criminal Background Check**

I, \_\_\_\_\_ authorize Spectrum Health United & Kelsey Hospitals to conduct a criminal background check with the State Police, County Sheriff Departments, and or appropriate authorities for the purpose of determining my suitability for volunteerism with Spectrum Health United & Kelsey Hospitals. I authorize the Police Departments to release any information under my name and birth date to Spectrum Health United & Kelsey Hospitals and waive any claim against such departments arising from such disclosure.

I have listed below all crimes for which I have been convicted, including the date of such conviction, as well as any pending felony charges. I acknowledge that any omission or falsification of this form shall be grounds for discharge as a volunteer, or grounds for Spectrum Health United & Kelsey Hospitals to refuse to further consider my application as a volunteer.

**CRIMINAL CONVICTIONS OR PENDING FELONY CHARGES  
(INCLUDE CRIME, DATE AND CITY/COUNTY INVOLVED.)**

---

---

---

---

---

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Print Previous (maiden) Name, if different**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City State Zip**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Driver's License Number and State**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**