



Spectrum Health Pennock
 Volunteer Services
 1009 W. Green St.
 Hastings, MI 49058

Authorization for Criminal Background Check

I, _____ authorize Spectrum Health Pennock to conduct a criminal background check with the State Police and appropriate authorities for the purpose of determining my suitability as a volunteer with Spectrum Health Pennock. I authorize the Police Department to release any information under my name and date of birth to Spectrum Health Pennock and waive any claim against such departments from such disclosure.

I have listed my crimes below for which I have been convicted, including the date of 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 Pennock to refuse further consideration of 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

 Street Address

 City State Zip

 Date of Birth

 Driver's License Number & State

 Signature of Applicant

 Date