



**The Children's Hospital
of San Antonio™**

CHRISTUS Health

Volunteer Disclosure and Release

Pursuant to the requirements of the Fair Credit Reporting Act (FCRA), notice is given that a **consumer report*** may be made in connection with your application for volunteer work or at any time thereafter. If you are denied volunteer work, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer-reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below, you consent to the procurement of a **consumer report*** in connection with your application for volunteer work. **Failure to provide the information requested below will result in the suspension of your application from active consideration.**

Volunteer's Name (printed): _____ Cell Phone Number: _____

Social Security Number: _____ Date of Birth*: _____

Volunteer's Other Last Names (if applicable): _____

Volunteer Signature: _____

*For consumer report purposes only

List all cities, states, and counties lived in for the last **seven years**.

	City	State	County
1.			
2.			
3.			

I certify that all of the information provided by me on this disclosure is true, correct, and complete. I have not withheld any information requested on this Volunteer Disclosure Form.

Volunteer's signature: _____

Date: _____

*A *consumer report* may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charge. We will not request a credit report unless deemed pertinent to the functions of the position for which you are applying.

