



Duke University Hospital Volunteer Services Background Screening Authorization Form

Instructions for *Volunteer Applicant*:

- This is an editable PDF document. Volunteer applicant must complete all fields, print and sign document or application will not be processed.
- Bring completed form along with the application packet to your interview.

Volunteer Applicant Information

First Name:

Full Middle Name:

Last Name:

Social Security Number:

Date of Birth:

Current STATE of residence:

Current COUNTY of residence:

Email:

Phone #:

Signature

Signing this form gives Duke University Hospital Volunteer Services express permission to check any and all background databases regarding applicant.

Signature of Volunteer Applicant:

Date: