

Background investigation authorization

In connection with the offer of volunteer services I have received from Children's Hospital New Orleans, I understand that investigative background inquiries will be made about me. I understand that the offer of volunteer services is conditional on these background inquiries and Children's Hospital reserves the right to withdraw the offer. I am aware that Children's Hospital may examine many aspects of my background including criminal and sex offender history. I understand that Children's Hospital may request information from federal, state, and other agencies that maintain records concerning my past activities. I authorize, without reservation, any party or agency to furnish the above-mentioned information to Children's Hospital and Certiphi Screening, Inc. I certify that the information I write on this form is true and correct.

Please print

Name _____
First Middle Last Maiden

Social security number _____ Date of birth _____
Month/Day/Year

Sex _____ List any other names you have used _____

Email address _____

Current address _____

City/State/Zip code _____

Please list complete addresses you lived in within the past 5 years – no need to list an address if you were under the age of 18.

Signature _____ Date _____

Date entered

Date processed

Clear/declined

Confirmation number



Children's Hospital
New Orleans
LCMC Health