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## JACKSON GENERAL HOSPITAL

### Investigative Consumer Report Consent Form

I, \_\_\_\_\_, understand that, as a condition of my consideration for volunteer assignment with Jackson General Hospital (the Hospital), or as a condition of my continued relationship with the Hospital, the Hospital may obtain an investigative consumer report that includes, but is not limited to, my employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records, and any other information bearing on my character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent to the Hospital's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, when the Hospital requests an investigative consumer report, I have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act.

(Please print)

Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date degree received (if applicable): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Date)