GENERAL INFORMATION

Why did you decide to apply to become a volunteer at Cabell Huntington Hospital?

Are there work activities or conditions you must avoid?  If yes, please explain:

Have you ever been convicted of a crime?  If yes, explain when, where and the disposition of the case:

INTERESTS

Meeting New People  YES  NO  Retail Sales  YES  NO  Computers  YES  NO
Working with Patients  YES  NO  Fundraising  YES  NO  Office Admin.  YES  NO

Are you interested in becoming a member of the Cabell Huntington Hospital Auxiliary?  YES  NO

AVAILABILITY

Please indicate (X) which days and hours you will be available to volunteer:

<table>
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<tr>
<th>HOURS</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<td>8:00 am to 12:00 pm</td>
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<td>12:00 pm to 4:00 pm</td>
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<td>4:00 pm to 8:00 pm</td>
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Your signature indicates your approval for us to check references and conduct a background check. Cabell Huntington Hospital is not obligated to provide placement, nor are you obligated to accept a position offered.

Signature: ____________________________  Date: ____________

Opportunities for volunteer service are provided without regard to religion, race, gender, creed, age, or national origin.
AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

☐ I wish to receive a free copy of the report.

Applicant Last Name ____________________ First ____________________ Middle ______________

Any other Names Used ________________________________________________________________

Applicant Signature ______________________________________ Date ______________

Social Security # ________________________________________________

Date of Birth (for ID purposes only) ______________________________

Present Address ____________________________ ________________________________

City/State/Zip ______________________________________________________________________

Driver’s License# ________ State: ______

Email Address __________________________________________________________

Phone #_______________________________________________________