



Cooper University Hospital Cape Regional Volunteer Program

Authorization – Fair Credit Reporting Act Disclosure

I hereby authorize The Cooper Health System and/or its designee to obtain and investigate the following: criminal and/or motor vehicle records, personal references and characteristics, background, general reputation and character, mode of living, and/or any other similar information if I do not have a professional license for which criminal background checks are mandated for license renewal. I acknowledge I have been notified by The Cooper Health System that it may procure a consumer report. In the event information from the report is utilized in whole or in part in making an adverse volunteer decision, I understand I will be notified of such action and provided with a copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act. I understand that the above investigation may be performed for purposes of the Health Care Professional Responsibility and Reporting Act, N.J.S.A. 45:1-33 et seq.

I acknowledge this authorization remains valid for the duration of my volunteering with The Cooper Health System. I understand The Cooper Health System may consider such information in making decisions related to my volunteering and/or continued volunteering including but not limited to hiring, evaluation, compensation, promotion, retention, reassignment, termination and any other term or condition of volunteering.

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, department of motor vehicles, schools, credit reporting agencies and/or other similar entities, to release such information to The Cooper Health System and/or its designee. I hereby release The Cooper Health System, its officers, agents, representatives and/or employees, and any entity that provides such information in response to a request by The Cooper Health System, from any and all liability resulting from and/or related to the release of such information.

Dated: _____

Signature: _____

Contact: Ray Wisniewski
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