

OSF Holy Family Medical Center Volunteer Background Check

Name (Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years _____

Date of Birth ____ / ____ / ____

Current Address _____

City _____ State _____ ZIP _____

The following information is required to complete this request:

Sex _____ Race:
_____ Asian/Pacific Islander
_____ Black
_____ American Indian/Alaskan Native
_____ White
_____ Other

Volunteer Signature: _____

FOR OFFICE USE ONLY:

WEB SITES CHECKED:

- Verify Comply <https://www.verifycomply.com>
- OFAC Sanctions List <https://sanctionssearch.ofac.treas.gov/>
- National Sex Offender Public Website <https://www.nsopw.gov/>
- Illinois State Police Criminal Background Check
(<https://chirp.isp.state.il.us/TruePassSample/AuthenticateUserRoamingEPF.html>)

Web Sites Checked on: _____ By: _____

Results:

- No Record on File
- Pending-Response (Further processing is required)
- Multi-Hit (Submit Fingerprints)
- HIT – Criminal History Attached

Comments: _____