



# ANDERSON FREE CLINIC

~SERVING ANDERSON COUNTY, SC SINCE 1984~

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## Background Check Policy

### Purpose

Anderson Free Clinic strives to promote a safe work environment and to protect the people we serve and the people with whom we serve. Because employees and volunteers of the Anderson Free Clinic have access to information, prescription drugs and a range of assets, we want to take prudent measures to attempt to safeguard all people and assets from potential harm.

Therefore, effective January 1, 2013, the Anderson Free Clinic will conduct background checks on new volunteers and on persons hired for initial employment at the Clinic. Current employees who change jobs as well as certain volunteers will become subject to a random background check

### Background Check Procedures include:

1. Position appropriate background checks will be performed initially when individuals apply to the Free Clinic as volunteers or employees.
2. Random background checks will be performed on current volunteers and staff.
2. Background checks include:
  - South Carolina SLED check
  - A review of the US criminal history database (county repositories may be checked as well to verify convictions or provide more information);
  - A review of the National Sex Offender Registry; and/or
  - Character/Reference check to allow for informed decisions on suitability for volunteer service.

### Privacy

The privacy of the information obtained by the Anderson Free Clinic through the background check will be respected. Your information is confidential and will only be shared with Anderson Free Clinic staff who have a need to know.

### Due Process

If a record of criminal convictions is found, the volunteer will be given a copy of the criminal history report and asked if it is accurate prior to any final decision. If the volunteer disagrees with the accuracy of the report, the volunteer may choose to provide other information about his/her criminal history that may be helpful in understanding the circumstances of what occurred.

As a rule, volunteers will be precluded from service if the background check shows a court imposed penalty for a violent crime, sex crime, financial crime or drug crime. However, the final decision about placement of individuals for volunteer service will be made by the Executive Director and, when necessary, the Executive Board or legal counsel.



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## Consent for criminal background history check authorization/waiver

APPLICANT'S FULL LEGAL NAME: \_\_\_\_\_  
First Middle Last

APPLICANT'S SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: M / F DRIVER'S LICENSE OR STATE ID NUMBER: \_\_\_\_\_

LIST ALL OTHER NAMES USED IN THE LAST 7 YEARS:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
First Middle Last First Middle Last

Current Address: \_\_\_\_\_  
STREET CITY STATE ZIP

LIST ALL OTHER ADDRESSES IN THE LAST 7 YEARS IF DIFFERENT FROM THE ABOVE:

STREET CITY STATE ZIP STREET CITY STATE ZIP

**If not already provided, please complete the Professional License information**

Specialty: \_\_\_\_\_ SC Board of: \_\_\_\_\_ National Board of : \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ DEA #: \_\_\_\_\_

Have you been certified in another State?  No  Yes, at \_\_\_\_\_

PLEASE INITIAL APPLICABLE LINES AND SIGN AT THE BOTTOM OF THE FORM.

\_\_\_\_ I read/understand the Anderson Free Clinic Background Policy. I understand that information obtained from background check will be used, in part, to determine my eligibility for an employment/volunteer position at the Anderson Free Clinic.

\_\_\_\_ I hereby authorize Anderson Free Clinic to request and receive any and all background information about or concerning me, including my Criminal History, Driving Record (if pertinent to the work I will be performing at Anderson Free Clinic), Employment History, Educational Background, and Professional License from any Individual, Corporation, Partnership, and other entities including my Present and Past Employers.

N/A I hereby authorize Anderson Free Clinic to request and receive my Credit History (Initial only if not crossed)

\_\_\_\_ I authorize Anderson Free Clinic to make reference checks relating to my previous \_\_\_\_ paid \_\_\_\_ volunteer services. (This request is for character reference only and should not include family members.)



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References information (please inform your references of the possibility of our contact) Non-family only:

Name	Relationship to you	Phone number	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

\_\_\_\_ A background check was performed by (list organization) \_\_\_\_\_ on or approximately (date) \_\_\_\_\_ and I hereby authorize Anderson Free Clinic to request copies and receive from their representatives any and all background information about or concerning me. Additional Consent Form must be signed so we can submit the request.

\_\_\_\_ I understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time, as part of Anderson Free Clinic Random Background Check Process.

\_\_\_\_ I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

\_\_\_\_ I further release and discharge Anderson Free Clinic, its Officers, Employees, Contract Personnel, or volunteers, from any and all claims and liability arising out of any request for information or records pursuant to this authorization and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

COMPLETE ONLY IF APPLICABLE: **AUTHORIZATION FOR RELEASE OF PRIOR CRIMINAL BACKGROUND CHECK.** PLEASE INITIAL OR WRITE N/A (FOR NOT APPLICABLE) LAND SIGN AT THE BOTTOM OF THE FORM.

I \_\_\_\_\_ verify that I have been subjected to a criminal background check in the last 3 years Year/Month Conducted: \_\_\_\_\_

Organization conducting the Background Check: \_\_\_\_\_

Address or City/State: \_\_\_\_\_

Background conducted for what purpose? \_\_\_\_\_

Has any restriction for work or volunteering been imposed to you due to background check results? If so, describe:

Please sign on the next line if you authorize Anderson Free Clinic officials to request a copy of the previous background check listed above:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature