



**PARENTAL/GUARDIAN CONSENT FOR CRIMINAL BACKGROUND CHECK
VOLUNTEER/EMPLOYEE - MINOR UNDER THE AGE OF 18**

****This form must be completed by a parent or legal guardian and returned with a completed Background Check form****

****No minor will undergo a criminal background check without this signed consent form****

A minor, (name) _____, would like to work/volunteer for **Mercy Health**. Part of the volunteer/hiring process includes a criminal background check.

As the parent or legal guardian of the above-referenced minor, I understand the purpose of the criminal background check, have reviewed the FCRA Disclosure and Acknowledgment Form, and hereby provide my consent to Mercy Health obtaining a consumer report and/or investigative consumer report.

PLEASE PRINT CLEARLY

Print Name of Parent or Legal Guardian

Relationship to Minor

Minor's Date of Birth (for identification purposes only)

Parent/Legal Guardian Telephone Number

Signature of Parent or Legal Guardian

Date

Signature of Minor

Date