

# OSF HealthCare Saint Luke 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: \_\_\_\_\_

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## 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: \_\_\_\_\_