



**Confidential information and Consent for Criminal Background Check - PLEASE READ CAREFULLY**

First Name: \_\_\_\_\_ M.I. : \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**GSEP will remove and destroy this section upon completion of screening process.**

**List 3 persons not related to you who can judge your qualifications for this position.** If you have previous experience as a volunteer, one reference should be from that organization. **PLEASE PRINT.**

Name of Reference # 1:

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

Name of Reference # 2:

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

Name of Reference # 3:

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

Girl Scouts of Eastern Pennsylvania (GSEP) requests the following information because of our dedication and commitment to the girls we serve. This confidential section contains information required by GSEP Policy.

Have you ever been convicted of a crime?  Yes  No If yes, state offense, date & location:

NOTE: Being convicted of a crime does not exclude your application from consideration

Have you ever been convicted for the use or sale of illegal drugs?  Yes  No

Have you ever been convicted of child neglect or abuse?  Yes  No

This is an application for a volunteer position for which there is no monetary compensation.

1. I hereby authorize you to check all my educational, personal and employment references; I further authorize these references to release to you information that they have about me.
2. I understand that the criminal background checks are required at my expense. I understand that this process requires my full legal name, date of birth and social security number.
3. I hereby consent and voluntarily authorize Girl Scouts of Eastern Pennsylvania to conduct a criminal background check. I release those parties supplying such information from all liability or responsibility with respect to the information provided.
4. I certify that the entries made by me in this form are true, complete and accurate to the best of my knowledge and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for volunteer services or will be sufficient grounds for termination.
5. I understand that failure to complete this form will preclude me from volunteer opportunities with the Girl Scouts of Eastern Pennsylvania.

Signature \_\_\_\_\_

Date \_\_\_\_\_