girl scouts

VOLUNTEER BACKGROUND CLEARANCE **RENEWAL**

FOR OFFICE USE ONLY

LAST NAME:_____ FIRST NAME:_____ M.I:_____

DATE APP. RCVD:____/____/____ DATE CLEARED:____/____/____

This application is only for adult volunteers who completed the background clearance process with Girl Scouts of Eastern Pennsylvania (GSEP) within the past three years.

Please complete this form in its entirety. In order to continue your volunteer service, your application must be on file and the background screening process complete. Return this completed application with a $5 check made payable to: **Girl Scouts of Eastern Pennsylvania, Attn: CBC Department, P.O. Box 309, Lafayette Hill, PA 19444.** No references are required to renew your GSEP background screening.

Full Legal Name:

Last **First** **Middle**

Maiden name (if applicable):

Service Unit Name and #:

❒ Male ❒ Female I am a: ❒ Re-registering Volunteer ❒ Lifetime Member

Current Street Address:

City: State: Zip:

Number of years resided:

Previous address (if less than five years):

City: State: Zip:

E-mail address:

Cell Phone : ( ) Home Phone: ( )

Present Occupation:

Employer:

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.**