

VOLUNTEER BACKGROUND CLEARANCE APPLICATION



Please complete this form in its entirety. In order to be appointed, your application and references must be on file, and your background screening process must be complete. Please return this application with a \$5 check made payable to: **Girl Scouts of Eastern Pennsylvania, P. O. Box 27540, Philadelphia, PA 19118, ATTN: Background Clearance.** Additional forms are available on the "Forms" page at www.gsep.org. Please allow a minimum of two weeks processing time.

Full Legal Name:

Last	First	Middle
Maiden name (if applicable):		Service Unit Name and #:

Male Female I am a: NEW volunteer 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: ()

TYPE OF SERVICE PREFERRED:

- | | |
|---|--|
| <input type="checkbox"/> Troop Leader | <input type="checkbox"/> Troop Chaperone |
| <input type="checkbox"/> Assistant Troop Leader | <input type="checkbox"/> Fundraising & Organizing Special Events |
| <input type="checkbox"/> Troop Committee Member | <input type="checkbox"/> Program Activities |
| <input type="checkbox"/> Troop Overnight Adult | <input type="checkbox"/> Coordinating Product Sales Program |
| <input type="checkbox"/> Troop First Aid/CPR | <input type="checkbox"/> Recruiting girls or adults |

GIRL SCOUT AGE LEVEL PREFERRED:

- | | | |
|--|--|--|
| <input type="checkbox"/> Daisies (K-1 grades) | <input type="checkbox"/> Juniors (grades 4,5) | <input type="checkbox"/> Seniors (grades 9, 10) |
| <input type="checkbox"/> Brownies (grades 2,3) | <input type="checkbox"/> Cadettes (grades 6,7,8) | <input type="checkbox"/> Ambassadors (grades 11, 12) |

School District:

Area of town where you wish to volunteer or meeting location:

Present Occupation:

Employer:

Volunteer Experience:

FOR OFFICE USE ONLY

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

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

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 arrested or convicted for the use or sale of illegal drugs? Yes No

Have you ever been arrested or 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 _____

10/09