

## Volunteer Disclosure and Authorization

I understand that in connection with my Application for Volunteer Service and/or during my volunteer service, Girl Scouts in the Heart of Pennsylvania (GSHPA) will request a criminal background check or checks performed on me. These background checks will include a search of criminal history records and sex offender registries, and may include verification of my social security number. The background checks will NOT include a credit check, asset search or inquiry into financial information.

I understand that GSHPA may rely on any part or all of this information in determining whether to extend an offer of volunteer service or to permit me to continue my volunteer service. No adverse action will be taken by GSHPA on the basis of the criminal background checks unless I have been provided beforehand with a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand that any criminal background check will be performed as part of the process to evaluate me prior to a volunteer appointment and/or for my continuing eligibility for volunteer service, and is not conducted for any purpose other than in connection with my application for volunteer work and/or my eligibility for continued volunteer service.

I have read this Volunteer Disclosure and Authorization and by signing below, hereby authorize GSHPA to obtain one or more criminal background checks as described herein in conjunction with my application for volunteer service and/or ongoing volunteer service.

Applicant Signature (Electronic signature not accepted)		Date	
GS Community (if applicable)		Troop # (if applicable)	
Although furnishing your Social Security Numbe conducting a background search more accurat purpose of conducting the background check. O information required for the criminal backgroun	e. It shall not be sold, or in any way transferi Girl Scouts in the Heart of Pennsylvania will n	ed to a third party except for the express	
Please complete in its entirety			
Print Name (please print clearly)	Social Security Number (Required)	Date of Birth (Required)  State Issued	
Other Name(s) Used: (Maiden)	Driver's License Number		
Position Applying For	Phone Number (Daytime)	Email Address	
Current Address (Required)	City	State Zip Code	



Former Address within Last 5 Years	City	State	Zip Code
Former Address within Last 5 Years	City	State	Zip Code
Former Address within Last 3 Years	City	State	Zip Code
□ I would like to make a tax-deductible con □ My check is attached (payable to □ Please call me to process as a cr □ Please cover at the Girl Scouts in the Hea	o Girl Scouts in the Heart edit card contribution.	of Pennsylvania).	tigative process.
P	lease see reverse side.		
Criminal History			
Have you or anyone in your household contendere to a felony or misdemeano  If "yes" to either statement, state offense(s), date	r? □ Yes □ No		
Do you currently use illegal drugs?	∕es □ No		
Have you ever been charged with child	neglect or abuse? ☐ Y	es □ No	
Has your driver's license ever been sus	spended or revoked? [	□ Yes □ No	
Other than the above, is there any fact would call into question your being ent people?  Yes (If yes, please explain.) No			
*Be advised: if a report indicates a criminal history, y	ou will be contacted for more i	nformation.	
, see and see a		· · · · · · · · · · · · · · · · · · ·	



Please send completed form marked "Confidential" directly to:

Girl Scouts in the Heart of Pennsylvania Attn: Background Checks 4640 Trindle Road Camp Hill, PA 17011