

CRIMINAL BACKGROUND CHECK AUTHORIZATION

Volunteer position: _____ Service Unit number: _____

The Girl Scouts of Middle Tennessee takes great pride in the quality of volunteers whom it places in contact with its girl members. In order to ensure that all volunteers meet our high standards, and to ensure the safety of our girl members, we conduct criminal background checks on our volunteers.

REQUIRED INFORMATION _____

The following information is required to conduct a criminal background check.

(Please print)

Name: _____
First Middle Maiden Name Last

Mailing address: _____
Street Apt #/Lot # City State Zip

Social security #: _____ - _____ - _____ Date of birth: _____ / _____ / _____
(mm) (dd) (yyyy)

Driver's license #: _____ State issued: _____

The Girl Scouts recognizes that age is a protected characteristic and that the information requested will not be used as a basis for any volunteer placement decision.

A conviction record will not necessarily be a bar to volunteerism. Factors such as relatedness to position, age at time of offense, type of offense and rehabilitation will be taken into account.

- Have you ever been convicted of a misdemeanor or felony? Yes No If so, where: _____
- Have you ever served time, been on probation or currently on a deferred sentence? Yes No
- If the answer to either of the above two questions is yes, please explain below. Use the back of this form if more space is needed. Remember to include the date of offense.

Date of offense	Explanation
_____	_____
_____	_____

AGREEMENT AND SIGNATURE AUTHORIZATION _____

I understand and acknowledge that The Girl Scouts of Middle Tennessee will obtain a criminal background check on me as part of its screening process for volunteers. I understand that you may rely on this information in determining if I will be accepted as a volunteer.

By my signature below, I authorize the Girl Scouts or its authorized agents to obtain a criminal background check. I also authorize all agencies, bureaus and information service organizations to provide the information requested.

Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS _____

Please enclose in a sealed envelope marked "confidential" and attach to your Volunteer Application. Return envelope and Volunteer Application to your Girl Scout representative.