



OFFICE USE ONLY:	
MS/PS Initials _____ SA _____	
<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 14	
Date _____	

Volunteer Disclosure Authorization and Release

I understand that in connection with my application for volunteer work Girl Scouts of Central Illinois, IntelliCorp, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history.

I understand that Girl Scouts of Central Illinois may rely on any part or all of this Information in determining whether to extend an offer of Girl Scouts of Central Illinois volunteers' duties to me. I further understand that if any adverse action is taken by Girl Scouts of Central Illinois, or if Girl Scouts of Central Illinois chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to volunteering and is not conducted for any purpose other than in connection with my application for volunteer duties.

I have read this Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I hereby release any and all Investigators including Girl Scouts of Central Illinois, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with Girl Scouts of Central Illinois. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Your Social Security Number shall be used for **NO** other purpose other than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature	Date		
Printed Name	Social Security Number		
Date of Birth	Former Last Name(s) and/or Maiden Name(s)		
Current Address _____			
Street	City	State	Zip
Former Address _____			
Street	City	State	Zip
County	Email Address		

Girl Scouts of Central Illinois
 3020 Baker Dr., Springfield, IL 62703 217-523-8159/877-231-1446 (F) 217-523-8321 (F)
www.girlscouts-gsci.org

Department: Volunteer Development	Approved by: Director of Membership Services
To Be Reviewed: September	Last Reviewed: June 2011
Last Revised: June 2011	Revision Number: 3