



Girl Scouts Heart of Michigan Background Check Authorization

I understand that Girl Scouts Heart of Michigan considers it vital to safeguard the girls they serve and part of that process includes doing a background check prior to appointing volunteers. I understand that the information I have provided may be verified by contacting persons or organizations listed in the application, or by contacting any person or organization that may have information concerning me.

I hereby consent and voluntarily authorize Girl Scouts Heart of Michigan to obtain an independent criminal background report. 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. Moreover, I understand that failure to complete this form will preclude me from volunteer opportunities with the Girl Scouts Heart of Michigan.

I further understand that I will receive a complete and accurate disclosure of the nature and scope of the background verification, in the event such investigation negatively affects my placement as a volunteer.

Signature _____ Date _____

Print Full Name (First/Middle/Last) _____

Maiden/Other names used _____

**Race White ___ Black ___ Asian/Pacific Islander ___ Am Indian/Alaskan Native ___ Other ___

Date of Birth ___/___/___ Daytime contact # _(_____)_____-_____

Address _____ City _____

State _____ Zip _____ E-mail _____

Driver's License Number _____

****In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status, or on any other basis prohibited by federal, state, or local law.**

For Girl Scout Administrative Volunteer Use Only Area (service unit): _____

Area administrative volunteer to be contacted regarding status of background check

Name _____ GS Title _____

E-Mail _____ Phone _____

Membership Specialist: _____

Office Use Only Date Screening Performed _____

___ References ___ Criminal Background Check ___ Other _____

___ Staff notified ___ Volunteer Administrator notified