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.**

Office Use Only

Area: _____ Membership Specialist: _____

Date Criminal Background Check Screening Performed _____

___Staff notified ___Recorded in Personify

Area administrative volunteer to be contacted regarding status of background check

Name _____ GS Title _____

E-Mail _____ Phone _____