

## 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

Date

Service Unit (if applicable)

Troop # (if applicable)

*Although furnishing your Social Security Number is NOT optional, it shall be used for NO other purpose 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. Girl Scouts in the Heart of Pennsylvania will maintain the confidentiality of all personal information required for the criminal background screening.*

All fields are required

Print Name	Social Security Number	Date of Birth	
Other Name(s) Used: (Maiden)	Driver's License Number ( )	State Issued	
Position Applying For	Phone Number	Email Address	
Current Address	City	State	Zip Code
Former Address within Last 5 Years	City	State	Zip Code
Former Address within Last 5 Years	City	State	Zip Code

- ☐ I would like to make a tax-deductible contribution to help cover the cost of this investigative process.
- ☐ My check is attached (payable to Girl Scouts in the Heart of Pennsylvania).
  - ☐ Please call me to process as a credit card contribution.

- ☐ Please cover at the Girl Scouts in the Heart of Pennsylvania's expense.

Please see reverse side.

### Criminal History

Have you or anyone in your household ever been convicted of, pled guilty to, or pled nolo contendere to a crime against children? ☐ Yes ☐ No

Have you or anyone in your household ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor? ☐ Yes ☐ No

If "yes" to either statement, state offense(s), dates(s), location(s), and member(s) of household (name/relationship):

---

Do you currently use illegal drugs? ☐ Yes ☐ No

Have you ever been charged with child neglect or abuse? ☐ Yes ☐ No

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?

☐ Yes (If yes, please explain.) ☐ No

---

*\*Be advised: if a report indicates a criminal history, you will be contacted for more information.*

Please complete this form in its entirety and return to:

Girl Scouts in the Heart of Pennsylvania  
350 Hale Avenue  
Harrisburg, PA 17104