

Position applying for: \_\_\_\_\_ TSC: \_\_\_\_\_  
 Service Unit: \_\_\_\_\_ Troop/Group # \_\_\_\_\_ School: \_\_\_\_\_

## Girl Scouts - Sybaquay Council (CONFIDENTIAL) VOLUNTEER BACKGROUND CHECK RELEASE

In conjunction with my volunteer services for the Girl Scouts - Sybaquay Council, I understand that you intend to hire Selection.com to obtain "Consumer Reports" about me as defined in the Fair Credit Reporting Act (FCRA). These "Consumer Reports" may include information concerning my motor vehicle record and/or any criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to allow me to act as a volunteer for the Girl Scouts - Sybaquay Council. If you contemplate taking an adverse action that will affect me based, in whole or in part, upon a "Consumer Report" obtained from Selection.com, I will be provided with a copy of the "Consumer Report" and a written summary of my "Consumer Rights" under the FCRA before you finalize that decision.

**I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to conduct a criminal background check and a motor vehicle license check on me. For as long as I act as a volunteer, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Consumer Reports" about me from Selection.com at any time. I understand that this information will not be sold to anyone. A photocopy or facsimile of this authorization shall be as valid as the original.**

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION.  
 IT WILL BE USED FOR IDENTIFICATION PURPOSES ONLY.**

\*PRINT NAME \_\_\_\_\_  
Last Name First Name Middle Initial \*Social Security Number

\*PREVIOUS OR MAIDEN NAME (if applicable) \_\_\_\_\_

\*STREET ADDRESS \_\_\_\_\_ \*CITY \_\_\_\_\_ STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

\*List states and counties (or countries) of residence for the past seven (7) years: COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

\*Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ \*Phone (\_\_\_\_) \_\_\_\_\_

\*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 on reverse side of this form. \*INCLUDE DATE, CITY AND STATE OF OFFENSE.**

**NOTE:** A conviction record will not necessarily be a bar to your being a volunteer. Factors such as service relatedness, age at time of offense, type of offense and rehabilitation will be taken into account.

**Please return this form in the postage paid envelope provided WITH your paid Girl Scouts of the USA registration form to: Girl Scouts - Sybaquay Council, 12N124 Coombs Rd., Elgin, IL 60124**

..... THIS SECTION MUST BE COMPLETED BY GIRL SCOUTS - SYBAQUAY COUNCIL. ....

<b>Girl Scouts - Sybaquay Council</b>  Customer Number GSD109 Location or Store Number _____ Position Applied For _____ Date Sent To Selection.com _____ Decisional Data Call Received _____ Hard Copy Report Received _____ Contact Person: Fax Number: 847-741-5667 Separate Signed Selection.com Volunteer Inquiry Release _____  In Personnel File Yes _____ No _____	_____ _____ SMS 3 _____ X _____ _____ _____ _____ _____ OTHER _____	Criminal Convictions (current state or county) _____  List additional states or counties to be checked _____ _____  Motor Vehicle Report _____ _____ _____  Other Information _____
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