

# Background Check Authorization and Consent for Release of Information

I understand the pre-appointment background check requires my first, middle, and last name, date of birth, physical address, and social security number. I understand that the information I have provided may be verified by contacting persons or organizations listed in my electronic record in the membership database, or by contacting any person or organization that may have information concerning me.

I hereby consent and voluntarily authorize Girl Scouts of New Mexico Trails to obtain an independent criminal background report and Social Security Number validation report, if applicable. I further authorize said council to request or receive information, including motor vehicle reports, past employment and education records, and/or references from any persons, schools, or previous employers only if pertinent to my potential work as a volunteer. I understand that a credit report may be requested if my assignment includes the handling of money.

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 voluntarily and in good faith. 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 of New Mexico Trails.

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.

Print your FULL LEGAL NAME:

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Maiden or Former Names: \_\_\_\_\_

Current PHYSICAL Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Service Unit: \_\_\_\_\_ Troop #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_