



**Girl Scouts of Northern Illinois  
(CONFIDENTIAL)  
VOLUNTEER BACKGROUND CHECK RELEASE**

<b>For Office Use Only:</b>	
Service Unit _____	
School _____	Troop # _____
Membership Staff _____	

In conjunction with my volunteer services for the Girl Scouts of Northern Illinois, I understand that you intend to hire Intellicorp 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 of Northern Illinois. If you contemplate taking an adverse action that will affect me based, in whole or in part, upon a "Consumer Report" obtained from Intellicorp, 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.

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

**I have read the above disclosure and I hereby authorize you, Intellicorp 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 Intellicorp 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 \_\_\_\_\_

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 of residence for the past seven (7) years: COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

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

List country of residence for the past seven (7) years: \_\_\_\_\_

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.**

..... THIS SECTION MUST BE COMPLETED BY GIRL SCOUTS of Northern Illinois. ....

List of additional states or counties to be checked _____
Date sent to Intellicorp _____ Submitted by _____
Action Taken _____ Date/initials _____