DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that in connection with my volunteer application, Girl Scouts Western Pennsylvania ("GSWPA") and/or Intellicorp.net, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting one or more background checks on me. These background checks which may be performed at any time and must be performed every 3 years, may include an inquiry into my employment history, education, general character or reputation, work experience, driving, criminal and credit histories and such other information ("Information") as may be required.

I understand GSWPA may rely on any part or all of this Information in determining whether to extend a volunteer opportunity to me.* I further understand that if any adverse action is taken by GSWPA or if GSWPA chooses not to extend a volunteer position to me based upon the Information, that I will be provided a summary of my rights under the Fair Credit Reporting Act.

GSWPA will not provide any Information collected for this purpose with outside groups. All Information received by GSWPA remains **Confidential**.

I have read this disclosure and authorization for release of information and by signing below, I hereby authorize Investigators to conduct a background check as described herein in conjunction with my volunteer application. I hereby release Investigators from any and all liability related to the procurement or disclosure of any Information provided by me or obtained about me in connection with my application for a volunteer position with GSWPA. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information to disclose such Information to Investigators in connection with this background check.

_____ _____
Applicant Signature Date

Printed name:

_____ _____
First Middle Last Social Security Number

Date of Birth:

_____ _____
Month Day Year Other Names Used
(Including maiden name)

Address for the Past Seven Years: (If you lived outside of Pennsylvania any time in the past 20 years, please also provide the most recent out of state address).

_____ _____
Street City State Zip

_____ _____
Street City State Zip

_____ _____
Street City State Zip

*Note: A conviction record will not necessarily be cause for disqualification. All background information will be strictly confidential.