



Rhode Island Volunteers Nationwide Background Check

1 Leader_____
2 Assistant Leader_____
3 Parent/Guardian Helper_____
Other_____

***** Please include a VALID PHOTO ID with this form*****

(ID must include date of birth)

NAME _____ (Print or Type)

Other NAME _____ (Print or Type)

Date of Birth _____ (Please enter information-do not leave blank)

SS#: - _____ - _____ (Please enter information-do not leave blank)

Current Address: _____
Street City State Zip

Email Address: _____

DISCLAIMER

I hereby consent and voluntarily authorize the Girl Scouts of Southeastern New England to obtain an independent criminal background report.

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 Girl Scouts of Southeastern New England.

All request shall be recorded and kept confidential, except to assist or defend in a criminal prosecution. We run a background check on all volunteers every three years.

Yes or No Have you Included a copy of your Valid Photo ID?

(Signature of Applicant)