



BACKGROUND CHECK AUTHORIZATION FORM

This form must be signed and either mailed or faxed to the Adult Screening Specialist before a GSNorCal computer can be used to submit information for an electronic background check.

First, please read and sign this disclosure and authorization to obtain your records:

I authorize Girl Scouts of Northern California and IntelliCorp to complete a criminal history and sex offender record check as received from the reporting agencies and authorized investigators. I understand that this information will be used, in part, to determine my eligibility as a volunteer with Girl Scouts of Northern California (GSNorCal). Subject to state and federal laws, I also understand that as long as I remain a volunteer for GSNorCal, the criminal history and sex offender records check may be repeated at any time. I understand that if GSNorCal chooses not to allow me to volunteer, I will receive a) a summary of my rights under the Fair Credit Reporting Act, and b) contact information for the reporting agency, IntelliCorp.

I, the undersigned, do hereby release any and all investigators, including GSNorCal, from any and all liability related to the procurement or disclosure of information provided by me or obtained about me in connection with my background check. I direct and authorize investigators to conduct the background check and further authorize any third parties, who may be the custodians or in possession of the required information, to disclose such information to the investigators. I agree to hold GSNorCal harmless and to indemnify it from any such causes of action, charges, liabilities, claims and demands that might be made related to the background check.

I understand that the use of my Social Security number on the criminal background check shall be used for no other purpose than to conduct a background check. Furthermore, I understand that my Social Security number shall not be sold or in any way transferred to a third party except for the express purpose of conducting the background check.

I authorize my personal information to be submitted using a Girl Scouts of Northern California computer. I understand that my personal information will be kept under lock until it is entered into the system of our search vendor, IntelliCorp, at which time GSNorCal's copy of my sensitive personal information will be destroyed. This information will be processed by IntelliCorp. My sensitive information will be safeguarded as the agency utilizes five firewalls and follows legislative and regulatory requirements for consumer reporting agencies with regards to privacy and data security standards.

Signature _____

Print Full Name _____

Phone Number including area code _____

E-mail address _____

Date _____

Please mail or fax this form to:

Adult Screening Specialist
1310 S. Bascom Avenue
San Jose, CA 95128-4502
Fax: (408) 287-8025

For questions, please contact:

AdultScreening@GirlScoutsNorCal.org
1-888-287-4170 ext. 273