

CONFIDENTIAL INFORMATION AND REFERENCE FORM

I authorize a complete criminal history record check which may include arrest and conviction data as well as plea bargains and deferred adjudications. I release all parties from all liability for any damage that may result from furnishing such information.

Only the individual wishing to affiliate themselves as an adult volunteer member of the Girl Scouts of Eastern Missouri is authorized to complete this form.

Although furnishing your Social Security number is not optional, it will be used for no other purpose than to make the process of conducting a background search more accurate. This form is shredded upon validation of a satisfactory background check and two references.

PLEASE PRINT

Full Legal Name _____
(first) (middle-required) (last)

Former Last Name (if applicable) _____

Social Security Number (required) _____ - _____ - _____

Date of Birth (required) _____
Month Day Year

Contact Information: Day Phone _____ and E-mail _____

References

PLEASE PROVIDE ONLY NAMES OF REFERENCES WHO HAVE CURRENT E-MAIL ADDRESSES AND ARE NOT RELATED TO YOU. PRINTING CLEARLY WILL ENSURE PROMPT PROCESSING. THANK YOU.

1. Name _____ E-mail _____

2. Name _____ E-mail _____

Please complete this form and mail it with the back copy of the Adult Registration Form in the **provided postage-paid envelope** as soon as possible. No monies should be included in this mailing.

STOP!

Does your envelope contain **BOTH** forms? Completed Adult Registration Form
 Completed Confidential Information and Reference Form

Please know that providing incomplete applications can delay your approval up to 12 weeks.

Signature _____ Date _____