



GIRL SCOUTS OF NORTHEASTERN NEW YORK, INC.
 8 Mountain View Ave, Albany, New York 12205
 (518) 489-8110 Fax (518) 489-8065 www.girlscoutshvgsc.org

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

_____		_____		_____	
Last Name		First Name		Middle Name	
_____		_____		_____	
Current Address – Street		City	State	Zip Code	
_____		_____			
Date of Birth		Social Security Number			

I authorize Girl Scouts of Northeastern New York, Inc. (the “Council”) to order a criminal background check (including sex offender registries) from IntelliCorp as part of the Council’s investigation into my appointment as a volunteer and I authorize law enforcement agencies and other governmental agencies to release any information pertaining to my background to IntelliCorp. I understand that, if appointed by the Council, this authorization shall remain on file and shall serve as an ongoing authorization for the Council to procure criminal background checks at any time during my appointment as a volunteer. I further understand and agree that failure to complete and sign this form as well as any omission, false statement, misleading statement, or answer made by me on my application or any supplements to my application and in any interviews will be sufficient grounds for non-reappointment.

The results of any investigations may be communicated and disclosed to third parties. As a consequence of any adverse information obtained about me by said background check, I understand that I may not be offered a position with the Council or may be disciplined leading up to or including immediate dismissal if I am currently volunteering with the Council. Nonetheless, I hereby indemnify, release and forever discharge and hold the Council and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with such investigation, the results, or any lawful use of the results.

_____		_____		_____
Print Full Name		Signature		Date