



Volunteer Criminal Record Check Release

Youth Leader Request
Pursuant to KRS 17-160
Administrative Office of the Court



Please return this form to your local Girl Scout Office or your Membership Specialist

Please print clearly in blue or black ink with all of the individual's information.

NOTE: Anything with a ★ must be filled in and is required information.

★Social Security Number: _____

★Date of Birth: _____

★First, Middle and Last Name: _____

★Maiden or Alias Names: _____

★Street Address/P.O. Box: _____

★City/State/Zip: _____

★Phone Number: _____

★Have you been a resident of other states within the past 5 years?
Yes, list states: _____ No: _____

★**Have you ever been convicted of a crime? This includes felonies, misdemeanors and traffic violations.** Yes No

I do hereby attest that the above is correct to the best of my knowledge. I attest that all of the statements contained in this application are true. I understand that my volunteer opportunities could be affected by any untrue statements, omissions of facts, or conviction that would deem volunteering unacceptable. In addition, I hereby authorize the local police department, sheriff's department or county clerk's office to release the criminal record for any or all convictions pertaining to me to the Girl Scouts of Kentucky's Wilderness Road Council.

★Signature: _____ ★Date: _____ Troop No. _____

★Position held by individual: Troop Leader Assist Leader Cookies or Fall Product
 Troop Driver Other _____

★Cluster No: _____ Service Unit No: _____ County: _____

All records and information concerning criminal record checks will be handled discreetly and confidentially.