

**Gold Award Project Advisor
CONFIDENTIAL INFORMATION AND REFERENCE FORM**

Important Information Before You Begin:

- Please send forms in the **provided postage-paid envelope** or mail to GSEM, 2300 Ball Drive, St. Louis, MO 63146, Attn: Adult Development Assistant as soon as possible.
- Only the individual wishing to affiliate themselves as an adult volunteer for 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 Email _____

Address _____ City _____ ST ____ Zip _____

Name of Gold Award Candidate _____

PLEASE, ONLY PROVIDE NAMES OF REFERENCES WHO HAVE CURRENT EMAIL ADDRESSES AND ARE NOT RELATED TO YOU. THANK YOU.

REFERENCES (required)

1. Name _____ Email _____

2. Name _____ Email _____

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

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.

Signature _____ Date _____