

Application for Volunteer Service in Girl Scouting

Personal Data

Date

Name _____
 Last First Middle
 Address _____
 Street City State Zip
 Telephone _____
 Day Evening Other
 Maiden Name _____ Date of Birth: _____

Please indicate any other names or nicknames you have used that may be necessary for us to verify the information on this application. _____

Other states of residence in past 5 years _____

Interests and Availability

What type of volunteer service interests you?

- | | | |
|---|--|---|
| <input type="checkbox"/> Direct service with girls | <input type="checkbox"/> Sales | <input type="checkbox"/> Computer systems |
| <input type="checkbox"/> Other support to girls | <input type="checkbox"/> Organizing special events | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community organization | <input type="checkbox"/> Office/clerical work | List any specialized skills:
_____ |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Training adults | _____ |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Public relations / public speaking | <input type="checkbox"/> Program activities | |
| | <input type="checkbox"/> Outdoor activities | |

Position(s) Desired

Age Groups Preferred (if relevant to position)

Location or Other Preferences

Availability (mark times you are available.)

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unavailable some times of year? From _____ To _____

Experience

Employed Experience (List most recent first.) Please provide accurate and complete information for all employment (including temporary, part-time, self-employment, and unemployment for the past ten years.) Please account for any gaps in employment. You may attach additional sheets if necessary.

Organization name _____

Address _____

Dates From _____ To _____ Reason for leaving _____

Position(s) _____ responsibilities _____

Supervisor's name _____ Telephone _____

Organization name _____

Address _____

Dates From _____ To _____ Reason for leaving _____

Position(s) _____ responsibilities _____

Supervisor's name _____ Telephone _____

Volunteer Experience (List previous Girl Scout or other youth service first.) Please provide accurate and complete information for all volunteer experience for the past ten years. You may attach additional sheets if necessary.

Organization name _____

Address _____

Dates From _____ To _____ Reason for leaving _____

Position(s) _____ responsibilities _____

Coach's name _____ Telephone _____

Organization name _____

Address _____

Dates From _____ To _____ Reason for leaving _____

Position(s) _____ responsibilities _____

Coach's name _____ Telephone _____

Education and Training

Educational Institution	Highest Year Completed	Degree/Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

GED (General Equivalency Diploma)? Yes No

Other Training and Certifications	Completed	Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language skills other than English _____
(if relevant to purpose of council)

Personal Information

Membership in Girl Scouting

I am a registered member I will be a registered member

Vehicle Use

Do you plan to use your own vehicle for Girl Scout activities? Yes No

Driver's license _____
Number State Policy # Type

Insurance Carrier _____ Policy # _____

Have you ever been convicted of a crime (e.g., felony or misdemeanor including DWI, DUI, etc., but not including minor traffic violations or any convictions as a youthful offender)? A conviction will not necessarily be a bar to your acceptance as a volunteer.

Yes No If yes, please explain the place, date, and disposition of any convictions.

If yes, state offense, date, location _____

How did you learn about Girl Scout volunteer opportunities?

School Brochure Media Employer Council volunteer Council staff Other

Is anyone in your family employed by an organization that has a:

Matching gift program Volunteer program

Organization _____

Contact person _____ Telephone _____

Additional information you wish to provide _____

References

List three persons (non-relatives) who are familiar with your qualifications for Girl Scout service.

Name _____ Relationship _____

Address _____

Street City State Zip
Day Telephone () _____ Evening Telephone () _____

Name _____ Relationship _____

Address _____

Street City State Zip
Day Telephone () _____ Evening Telephone () _____

Name _____ Relationship _____

Address _____

Street City State Zip
Day Telephone () _____ Evening Telephone () _____

Signature

This is an application for a volunteer position in Girl Scouting for which there is no monetary compensation.

In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status, or on any other basis prohibited by federal, state, or local law.

I hereby authorize you to check all my educational, personal, and employment references; I further authorize these references to release to you information that they have about me.

I understand that criminal background checks may be required by state or federal law for persons serving children, and give permission to the Girl Scout Council of Cannon Valley to use all the information provided on this form to aid in these checks.

I understand that any misrepresentation, omission, or falsification of any fact from this application or during any interview will be cause for rejection of this application or dismissal from volunteer services. I also understand that acceptance for volunteer services is subject to verification of references.

Signature (parent/guardian for a minor)

Date

Printed signature

Office Use Only		
References Recd / Chkd _____	Driving Record Recd / Chkd _____	Background Record Chkd _____
Comments _____		
Approved _____	Not approved _____	Signature/Title _____