



Application for Volunteer Service

This application must be completed in its entirety to be processed. Incomplete applications will be returned.

| Personal Information | | | | |
|--|--|---|--------|-----------|
| First Name: | Full Middle Name: | Last Name: | | |
| Mailing Address: | | City: | State: | Zip code: |
| Telephone - Day: () () | Evening: () () | Cell: () () | | |
| Email Address: | | Best time to contact you: | | |
| School District: | <input type="checkbox"/> Female <input type="checkbox"/> Male | Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Closest Elementary School: | | | | |
| Do you plan to use your own vehicle for Girl Scout activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please fill out vehicle information.)</i> | | | | |
| Vehicle Information | | | | |
| Driver's License Number: | State Issued: | Class: | | |
| Auto Insurance Carrier: | | Policy Number: | | |
| Interest and Availability | | | | |
| Position Desired: <i>(must complete for application to be processed.)</i> <input type="checkbox"/> Troop Leader <input type="checkbox"/> Troop Co-Leader <input type="checkbox"/> Parent Helper <input type="checkbox"/> Driver <input type="checkbox"/> First Aider <input type="checkbox"/> Product Sales Manager <input type="checkbox"/> Service Team Member <input type="checkbox"/> Other: _____ | | | | |
| Have you had previous Girl Scout Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of years as a Girl _____ Adult _____ | | | | |
| Age Group Preference <i>(If relevant to position. Please check all that interest you.)</i> <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador | | | | |
| Please list days/times you are able to volunteer: | | | | |

Please see reverse side.



References

(Please provide accurate and complete information for two references (non-relatives) who are familiar with your qualifications for Girl Scout service.)

| | |
|-------------------------|-------------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Mailing Address: | Mailing Address: |
| Phone: () | Phone: () |
| Email Address: | Email Address: |

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, religion, sex, age, national origin, sexual orientation, marital status, physical or mental disability, ancestry, genetic information or any other protected class status.

I hereby authorize you to check all my references; I further authorize these references to release to you any and all information they have about me and I release all parties involved from any liability arising out of the release of this information.

I understand criminal background checks may be required by state or federal law for persons serving children or may otherwise be conducted by Girl Scouts and I understand these checks may also be conducted on other individuals in my household.

I understand that if appointed a volunteer position, I will be required to comply with Girl Scouts of the USA and Girl Scouts in the Heart of Pennsylvania policies and standards.

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 service is subject to verification of references.

Applicant Signature _____ Date _____