



OFFICE USE ONLY	
Date received _____ by _____ (Name)	
Name of Service Center _____	
Ref. received. _____	Application complete _____

## APPLICATION FOR VOLUNTEER SERVICE

Girl Scouting maintains that the strength of the organization rests in the voluntary leadership of its adult members. In appointing volunteers to Girl Scout volunteer positions, it is important that the qualifications of the position match the skills, interests, and time availability of the volunteers. Information provided will be maintained in a confidential manner. Please print and completely fill out this two-page form.

**INITIAL INFORMATION**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Daughter's Name(s) (if applicable) \_\_\_\_\_

Street Name and Number \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not at this address for more than two years, please give prior address(es). \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Town Where Interested in Volunteering \_\_\_\_\_ Troop No. (if applicable) \_\_\_\_\_

Please indicate other names and nicknames that you have used that may be necessary for us to verify the information on this application. \_\_\_\_\_

Easiest way to contact you: \_\_\_\_\_

List other Girl Scout Councils with which you have been involved. \_\_\_\_\_ Name of Service Center where you want to volunteer \_\_\_\_\_

**EMPLOYMENT** – Please provide accurate and complete information for your current or last employment (including temporary, part-time, self-employment, or unemployment).

Employer's Name \_\_\_\_\_ Address \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Positions \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Phone Number with Area Code: ( ) \_\_\_\_\_

**REFERENCES** – You must list **three (3) persons (non-relatives) who are familiar with your qualifications** for Girl Scout service.

Name \_\_\_\_\_ Address \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

**VOLUNTEER EXPERIENCE** – (List previous Girl Scout or other youth service first.) Please provide accurate and complete information for all volunteer experience for the last ten years. You may attach additional sheets, if necessary.

Organization's Name \_\_\_\_\_ Address \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Positions \_\_\_\_\_ Email Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Responsibilities \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Organization's Name \_\_\_\_\_ Address \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Positions \_\_\_\_\_ Email Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Responsibilities \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

**PERSONAL INFORMATION**

**Hobbies, skills, training, and educational background** – Please describe. \_\_\_\_\_

**Vehicle Use – Please provide the following information so you may transport participants in a Girl Scout activity or in an emergency.**

Driver's License Number	State	Type
Insurance Carrier	Policy Number	Expiration Date

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 any person on the basis of race, religion, color, sex, age, national origin or ancestry, citizenship, disability, sexual orientation, marital status, or veteran status.

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

I understand that criminal background searches/checks are required by Girl Scouts of Connecticut, and I understand that these searches/checks may also be conducted on other individuals in my household.

I acknowledge that I have received a copy of the Background Search Policy and Procedures for Employees and Volunteers, as well as a copy of the Authorization and Consent for Release of Information for Background Search form.

I understand, for my application to be considered, that I must complete the Authorization and Consent form and return it in an envelope marked "Personal and Confidential", Attention: Director of Human Resources, Girl Scouts of Connecticut, 340 Washington Street, Hartford, CT 06106.

I understand that my application also will not be considered until I have completed and returned this application form to the Director of Membership Services at the Service Center where I would like to volunteer.

I understand that if appointed to a volunteer position, I will be required to comply with Girl Scouts of the USA and Girl Scouts of Connecticut policies and standards; will register with the Girl Scouts of the USA; and will fulfill my responsibilities to the best of my ability.

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's Signature (parent/guardian if for a minor)

\_\_\_\_\_  
Date

PLEASE DO NOT WRITE IN THIS BOX – OFFICE USE ONLY!

References checked \_\_\_\_\_ by \_\_\_\_\_ Applicant Interviewed \_\_\_\_\_ by \_\_\_\_\_  
Date Date Date Name of person Date Person conducting interview

Authorization received \_\_\_\_\_

Volunteer placed in the position of \_\_\_\_\_ Troop/Group # \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_