



Girl Scouts®

Girl Scouts of the Fox River Area, Inc.

Team Member/Staff Completes:
Service Unit/Report Code _____

VOLUNTEER APPLICATION

Office Use Only

Date VA received _____
#References: 1. ___ 2. ___ 3. ___
Postcard _____
Review date _____ By staff _____

(Please print)

Last name _____ First name _____ Middle name _____

Address _____ City/State/Zip _____

Day phone(____) _____ Evening phone(____) _____ Best time to call _____

E-mail Address _____

Present occupation _____ Supervisor's name _____

Employer _____ How long? Years ____ Months ____

Employer's address _____ City/State/Zip _____

I would like to work in the following areas (check **all** that interest you):

- | | | |
|---|--|---|
| <input type="checkbox"/> Direct service with girls
___ leader
___ co-leader | <input type="checkbox"/> Fund-raising
<input type="checkbox"/> Marketing/PR
<input type="checkbox"/> Sales (retail or product) | <input type="checkbox"/> Program activities
<input type="checkbox"/> Outdoor activities
<input type="checkbox"/> Other:

_____ |
| <input type="checkbox"/> Community organization | <input type="checkbox"/> Training adults | |
| <input type="checkbox"/> Public Relations/public speaking | <input type="checkbox"/> Office/clerical work | |
| <input type="checkbox"/> Organizing special events | <input type="checkbox"/> Transportation | |

School/other location at which you would like to volunteer _____

List three persons **not related** to you who can evaluate your qualifications as a Girl Scout volunteer.
If applicable, include one reference from a volunteer experience you have had.

1. Name _____ Phone (area code) _____

Address _____ City _____

State _____ Zip _____ E-mail _____

2. Name _____ Phone (area code) _____

Address _____ City _____

State _____ Zip _____ E-mail _____

3. Name _____ Phone (area code) _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Education: (High school, college, graduate school)

School/location

Dates

Highest grade completed

List other training courses or certifications and dates (including Girl Scout training):

List any other volunteer experiences:

1. Agency _____ Address _____

Dates _____ Position and duties _____

Supervisor's name _____ Phone _____

2. Agency _____ Address _____

Dates _____ Position and duties _____

Supervisor's name _____ Phone _____

Have you ever been convicted of a crime (felony or misdemeanor including DWI, DUI, etc., but not including minor traffic violations or any convictions as a youthful offender)? A conviction record will not necessarily be cause for disqualification. Yes No

If yes, please state the offense(s), date(s) and location(s) _____

I authorize Girl Scouts of the Fox River Area, Inc. (GSFRA) to verify all information on this application and to conduct a thorough background check, including but not limited to criminal and/or consumer checks. I hereby authorize GSFRA to check any of my educational, personal, employment, and volunteer references. I further authorize these references to release to GSFRA information that they have about me.

Date of Birth _____

Social Security # ____ - ____ - ____

Other names

used/dates _____

Other states of residence in the past ten years:

City _____ County _____ State _____ Years: from ____ to ____

City _____ County _____ State _____ Years: from ____ to ____

I certify that all information provided on this application is true and complete. I understand that falsification or significant omissions of any information may be considered justification for dismissal if discovered at a later date. Additionally, I understand that there are membership and training requirements to complete the duties of my volunteer position. I agree to abide by the policies and standards of GSUSA and GSFRA and uphold the principles and values stated in the Girl Scout Promise and Law. I also understand that acceptance for volunteer service is subject to verification of references and other background checks.

Signature _____ Date _____