

Volunteer Application

This box must be completed prior to submitting	
Applicant's name	Service Unit
Membership Manager serving area	
Troop # (if assigned)	

All Girl Scout members pay an annual membership fee of \$12

Volunteer information

Name (first, middle initial, last name)		Date	
Address			
City		State	Zip
Phone (home)		How would you prefer to be contacted by us:	
Phone (work)			
Phone (cell)			
E-mail			
Occupation		Current employer	
Other states of residence in the past 5 years			
Have you ever been a registered member of Girl Scouts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of years in Girl Scouts as a girl	
		Number of years in Girl Scouts as an adult	
Have you ever worked with children? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what grade levels?	

Volunteer interests

- | | | |
|--|---|--|
| <input type="checkbox"/> Troop leadership to girls | <input type="checkbox"/> Fall Product Manager | <input type="checkbox"/> Organize special events |
| <input type="checkbox"/> Troop treasurer | <input type="checkbox"/> Cookie Manager | <input type="checkbox"/> Troop driver |
| <input type="checkbox"/> Day Camp volunteer | | |
| <input type="checkbox"/> Service Unit team position _____ | | |
| <input type="checkbox"/> Special interest instructor _____ | | |
| <input type="checkbox"/> Other _____ | | |

Volunteer Application (cont.)

Volunteer background check authorization and consent

Birthdate	month	day	year
Maiden name or any other names used:			
Have you been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a misdemeanor in the past 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give date, nature of offense and disposition:			

Girl Scouts of Montana and Wyoming requires this information from all volunteers. If you have a criminal background, a volunteer position may be denied. You may however, be asked to provide additional information about the offense. Information about a criminal history will be shared with council staff or volunteer supervisors when making a placement decision. Girl Scouts of Montana and Wyoming reserves the right to refuse placement of any prospective volunteer with a criminal history regardless of the nature of the crime or date of offense.

Consent

I understand that the pre-appointment background check requires my full name, date of birth. I understand that the information I have provided may be verified by contacting persons or organizations listed in the application, or by contacting any person or organization that may have information concerning me.

I hereby consent and voluntarily authorize Girl Scouts of Montana and Wyoming to obtain an independent criminal background report. I further authorize said council to request or receive information, including motor vehicle reports, past employment, and/or references from any person, schools, or previous employers only if pertinent to my potential work as a volunteer. I further understand that a credit report maybe requested if my assignment includes the handling of money.

I certify that the entries made by me in this form are true, complete, and accurate to the best of my knowledge, and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for volunteer services or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from volunteer opportunities with the Girl Scouts of Montana and Wyoming.

I further understand that I will receive a complete and accurate disclosure of the nature and scope of the background verification, in the event such investigation negatively affects my placement as a volunteer.

Signature _____ Date _____

References

List two (2) persons who are not relatives and who have agreed to serve as a reference, and who can speak to your qualifications to be a Girl Scout volunteer. If you have previous volunteer experience in another organization, one of the references should be from that organization. If you have previously worked with children, one of your references should relate to that particular experience. Please provide complete mailing address including zip code. Incomplete information will delay the processing of your application.

Reference 1

Name		Relationship	
Address	City	State	Zip
Phone (day)	Phone (work)		Fax
E-mail			

Reference 2

Name		Relationship	
Address	City	State	Zip
Phone (day)	Phone (work)		Fax
E-mail			

Council use only

Application received	Date approved	References reviewed by
<input type="checkbox"/> Not approved	<input type="checkbox"/> Withdrawn by	