



Return within 7 days

Office use only: Date received _____
Completed & signed Vol App _____
Completed Interview Form _____
Date Ref. Checks sent _____
2 Ref Checks Received _____
Background check cleared _____
Copy of Drivers License _____
Copy of Auto Insurance _____

VOLUNTEER APPLICATION (Please print clearly. Thank you.)

Name: _____ Date: _____ Service Unit: _____
 Present address: _____ City: _____ State: _____ Zip: _____
 Phone: Days (_____) _____ Work Home Evenings (_____) _____ Work Home
 E-mail address: _____ Are you 18 years of age or older? _____ Yes _____ No

INTEREST INDICATORS

Have you ever been a registered member of the Girl Scouts? Yes No
 If yes, number of years as a girl: _____ Number of years as an adult: _____
 I am interested in the volunteer position of _____
 What type of volunteer work would you like to do? (Check all that apply)

Girl Scout Pathways

Direct Service to Girls:

- _____ Co-lead a troop
- _____ Manage troop product sales
- _____ Mentor girls
- _____ Teach a skill _____
- _____ Troop helper
- _____ Work in the outdoors
- _____ Transportation
- _____ Assist with program events
- _____ Other: _____

Girl Scout Pathways

Indirect Service to Girls:

- _____ Fund Raising
- _____ Mentor adults
- _____ Training/development of adults
- _____ Computer work – data input
- _____ Public speaking/community affairs
- _____ Work on an adult committee
- _____ Other: _____

VOLUNTEER EXPERIENCE:

<u>Organization/Town</u>	<u>Position</u>	<u>Year(s)</u>

EDUCATION, TRAINING, SKILLS/SPECIAL TALENTS:

Do you speak or read a language other than English? _____ If so, please specify _____

Times(s) available to volunteer: _____ Mon. _____ Tues _____ Wed. _____ Thurs _____ Fri _____ Sat. _____ Sun.
 _____ Morning _____ Afternoon _____ Evening

Age group preferred (if relevant to position): _____

In which community or area do you wish to volunteer? _____

MEDICAL INFORMATION: List any disability, allergy, or health condition we should know about or for which you need accommodation. _____

***** OVER *****

REFERENCES: Please list two persons, **not related to you or living with you**, who know you well enough to act as a reference for you. If you have previous experience as a volunteer, please include a reference from the organization(s) for which you volunteered. **Please print clearly and provide full information for references provided.**

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: Day: _____ Evening: _____ How long have you known this person? _____
E-mail address: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: Day: _____ Evening: _____ How long have you known this person? _____
E-mail address: _____

OTHER INFORMATION: Have you ever been convicted of a crime, other than a misdemeanor traffic violation? **Yes No**
If yes, please state offense, date, and location: _____

(A conviction record will not necessarily be cause for disqualification.)

Have you ever been convicted of a sex-related or abuse-related crime toward another person? **Yes No**
If yes, please state offense, month/year, and location: _____

Regardless if you provide transportation or not to girls, for the safety of our girls and all volunteers, we are requesting that a copy (front and back) of your current valid driver's license or picture I.D. AND a copy of your verification of auto insurance be submitted at time of submitting this form. (Application cannot be approved without copies of these documents.)

The Girl Scout Promise

On my honor, I will try, to serve God and my country, to help people at all times and to live by the Girl Scout Law.

The Girl Scout Law

I will do my best to be honest and fair, friendly and helpful, considerate and caring, courageous and strong, and responsible for what I say and do, and to respect myself and others, respect authority, use resources wisely, make the world a better place, and be a sister to every Girl Scout.

TRANSPORTATION LIABILITY

My volunteer position provides direct service to girls that may dictate transporting girls in a motor vehicle.

_____ **No.** _____ **Yes – a copy of my current insurance card is attached.**

In making this application to be a volunteer, I agree that if my duties include transporting any girl, volunteer, employee, or client of Girl Scouts of Minnesota and Wisconsin Lakes and Pines (GSMWLP), that I will maintain liability and no fault insurance upon my vehicle pursuant to the statutory requirements for the state of MN and WI. I further understand that the GSMWLP provides no automobile insurance coverage for volunteers when driving their own vehicles. I will notify the GSMWLP of any changes in my insurer name or coverage, and will further notify GSMWLP if my driver's license is revoked for any reason.

I have read and agree to abide by the philosophies as stated in the Girl Scout Promise and Law. I agree to register with Girl Scouts of the USA; and fulfill my volunteer responsibilities in accordance with my volunteer position description to the best of my abilities. As a participant in the Girl Scout program, I am willing to take part in educational opportunities to help me be more effective as a Girl Scout volunteer. I also certify that all information provided on this application is true and complete. I authorize Girl Scouts of Minnesota and Wisconsin Lakes and Pines to check the references I have listed and verify the information provided. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal if discovered at a later date.

Signature required _____ Date _____

Send to: Girl Scouts of Minnesota and Wisconsin Lakes and Pines, 424 West Superior Street, Suite G-3, Duluth, MN 55802