

# GIRL SCOUTS OF MIDDLE TENNESSEE OUTDOOR ADVENTURE FACILITATOR APPLICATION

Girl Scouts of Middle Tennessee is an equal opportunity employer. All applicants for employment will be considered without regard to race, religion, color, sex, age, national origin, citizenship, disability, marital status or other status protected by applicable law.

Please PRINT clearly and return to: Girl Scouts of Middle Tennessee, attn: Outdoor Adventure Manager, 4522 Granny White Pike, Nashville, TN 37204

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: Day: ( \_\_\_\_\_ ) Evening: ( \_\_\_\_\_ )

Please circle age groups you have experience with:    ages 6-8            ages 9-11            ages 12-14            ages 15-17

## AREAS OF INTEREST

Circle areas in which you have:    **1= INTEREST**    **2= EXPERIENCE/TRAINING**    **3= ABILITY TO LEAD/TEACH**

CAMPING SKILLS/NATURE	SPORTS	CREATIVE ARTS
Outdoor Cooking    1    2    3	Swimming    1    2    3	Candle Making    1    2    3
Fire Building    1    2    3	Sailing    1    2    3	Fabric Dyeing    1    2    3
Knots    1    2    3	Kayaking    1    2    3	Nature Crafts    1    2    3
Orienteering    1    2    3	Canoeing    1    2    3	Weaving    1    2    3
Primitive Camping    1    2    3	Fishing    1    2    3	Pottery    1    2    3
Backpacking    1    2    3	Water Skiing    1    2    3	Photography    1    2    3
Geology    1    2    3	Volleyball    1    2    3	Creative Writing    1    2    3
Astronomy    1    2    3	Biking    1    2    3	Pantomime    1    2    3
Night Activities    1    2    3	Softball    1    2    3	Puppetry    1    2    3
	Soccer    1    2    3	Drama    1    2    3

**EDUCATION**

	Name & Location	Major/Minor	Graduate			Degree
High School			yes	no		
College			yes	no		
College			yes	no		
Graduate School			yes	no		
Business/Technical			yes	no	N/A	
Other			yes	no	N/A	

**TRAINING & SKILLS** (attach another sheet if more space is needed)

Name of course	Dates of course	Agency	Total Hours

**OTHER TRAINING & EXPERIENCE**

Certification	Certification Date	Certification	Certification Date
Lifeguard Training		Community CPR	
Basic Water Safety		R.N. State:	
Canoeing Instructor		E.M.T. State:	
Lifeguard Instructor		L.P.N. State:	
Water Safety Instructor		Licensed Driver State:	
Sailing Instructor		Ropes Course Instructor	
Standard First Aid		Archery Instructor	
Other:		Other:	

**EMPLOYMENT HISTORY** (list most recent first)

Employer's Name & Address:	Position/Major Responsibilities:	Dates Employed:
		From: To:
Phone: ( )	Reason for leaving:	Supervisor's Name:
Employer's Name & Address:	Position/Major Responsibilities:	Dates Employed:
		From: To:
Phone: ( )	Reason for leaving:	Supervisor's Name:

**REFERENCES**

List three persons who can judge your qualifications for this position (who know of your experience working with children or your specific outdoor skills). Do not include friends or relatives.

① Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

② Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_

③ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a crime (other than a traffic violation)? \_\_\_Yes \_\_\_No. If yes, please state offense, date and location (a conviction record will not necessarily be cause for disqualification). \_\_\_\_\_

I certify that the information provided on this application is true and complete. I understand that falsification or omissions of any kind of information will disqualify me from consultant work and/or will result in dismissal if discovered at a later date.

I hereby authorize you to contact any individuals and organizations identified in this application to verify information provided and to obtain additional reference information. I further authorize such individuals and organizations to release to you any and all information they have about me. I will not bring any claims against the Girl Scouts or against any individual or organization based upon my references provided.

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