

Girl Scouts of Middle Tennessee Application for Volunteer Service

Staff Use Only

___ CBC ___ Reg
___ RSG ___ YP
___ GS101 ___ CPR

General Information

Name: _____

Address: _____

Primary phone number: _____ Secondary phone number: _____

Primary e-mail: _____ Secondary e-mail: _____

Primary language: _____ Additional languages: _____

Volunteer Interest

How would you like to Volunteer?

___ Leading a Troop ___ Assisting a Troop ___ Fall/Cookie Program ___ Outdoor Activities
___ Short Term ___ Troop Support Other _____

Preferred School or Location: _____

Preferred Level: ___ Daisy (K-1st) ___ Brownie (2nd-3rd) ___ Junior (4th-5th)
 ___ Cadette (6th-8th) ___ Senior (9th-10th) ___ Ambassador (11th-12th)

Relevant interests, skills, hobbies or certifications:

Personal Information

Employer: _____ Occupation: _____

Previous volunteer experience (Include previous Girl Scout or youth service first, if available):

Organization	Position/Role	Date	Location
_____	_____	_____	_____
_____	_____	_____	_____

Are you 18 years or older? ___ Yes ___ No Do you have your own transportation? ___ Yes ___ No

Have you been convicted of a crime? ___ Yes ___ No

This includes a felony or misdemeanor (ex: DWI, DUI, etc.) but does not include limited minor traffic violations or convictions as a youthful offender. A conviction will not necessarily exclude your acceptance as a volunteer. If answered yes, please complete the information below.

Offense: _____

Date of Conviction: _____ Location: _____

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 an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status or any other basis prohibited by federal state, or local law.

I understand that criminal background checks are required.

I understand that any misrepresentation, omission or falsification of any fact for this application or during any interview will be a cause for rejection of this application or dismissal for volunteer services.

Signature

Date

Submission Instructions

Please return this form completed to your Girl Scout representative or mail to the address listed below.

Girl Scouts of Middle Tennessee
ATTN: Membership
4522 Granny White Pike
Nashville, TN 37204

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Date received: _____

Training:

_____ CBC _____ Reg _____ RSG
_____ YP _____ GS101 _____ CPR\

Follow up:

30 day date _____ Notes: _____

60 day date _____ Notes: _____

90 day date _____ Notes: _____

Comments:

Staff Signature: _____

SU: _____ Troop: _____ Position: _____