

Girl Scouts Louisiana East

Corporate Headquarters
 841 S. Clearview Parkway, New Orleans, LA 70121-3119
 (504) 733-8220 (800) 644-7571 F (504) 733-8219

www.gsle.org

Regional Service Center
 545 Colonial Drive, Baton Rouge, LA 70806
 (225) 927-8946 (800) 852-8421 F (225) 927-8402

Volunteer Application

Please fill out BOTH sides and return.

Screening Information

Name _____ Date _____

Girl Scouts of Louisiana East requires the following confidential information from all volunteers. Failure to provide the information below can result in non-appointment. **Please check one.**

A. Do you use illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are there any pending criminal charges against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever been convicted of a crime? Give offense, date, county and state in space below. (A conviction may not necessarily disqualify you.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you ever been charged with child neglect or abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Has your Driver's License ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Is there a registered sex offender living anywhere on your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Other than the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of girls? Explain any "yes" responses and provide dates. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization

In signing this form, I affirm that I subscribe to the beliefs and principles of the Girl Scout Movement as stated in the Girl Scout Promise and Law.

I understand that 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, veteran status, or on any other basis prohibited by federal, state or local law.

I certify that all information provided on this application is true and complete. I understand that falsification or significant omissions considered justification for dismissal if discovered at a later date.

I authorize you to check all my personal and employment references. I understand that criminal background checks will be required and confidential procedures will be followed. I understand that any misrepresentation, omission, or falsification of any fact from this application or during any interview will be cause for rejection of this application or dismissal from volunteer services. I also understand that completion and submission of this application does not mean acceptance for volunteer services.

Signature _____ Date _____

Social Security # _____ Date of Birth _____

Information provided will be used solely for the purposes of screening. No information will be used or given to any other individual or organization. **Please complete both sides.**

References

A reference should be a person (non-relative) who is familiar with your qualifications and/or experiences as they relate to work with youth and adults. We will mail your reference forms from the Council office to your references. Please provide five references, including complete mailing addresses and phone numbers.

1. _____	(____)	_____
Name	Address	Phone
2. _____	(____)	_____
Name	Address	Phone
3. _____	(____)	_____
Name	Address	Phone
4. _____	(____)	_____
Name	Address	Phone
5. _____	(____)	_____
Name	Address	Phone

Personal Information

Name _____ Date _____

Address _____
 Both Street & PO Box _____ City _____ State _____ Zip _____

Phone (____) _____ (____) _____
 Home _____ Cell _____ Email _____

Employer _____ Work Phone (____) _____

Volunteer Interests & Preferences

Please check all positions that interest you:

Volunteering with troops: <input type="checkbox"/> Leader: City/School _____ <input type="checkbox"/> Co-leader: City/School _____ <input type="checkbox"/> Troop Helper <input type="checkbox"/> Troop Annual Giving Captain <input type="checkbox"/> Troop Cookie/Product Sales Director <input type="checkbox"/> Troop Camping Consultant <input type="checkbox"/> First-Aider <input type="checkbox"/> Other _____	Volunteering with adults or with a service area: <input type="checkbox"/> Trainer <input type="checkbox"/> SU Team member <input type="checkbox"/> Area Product Sales Coordinator <input type="checkbox"/> Fund Development <input type="checkbox"/> Registrar <input type="checkbox"/> Recruiter <input type="checkbox"/> Publicity Chair <input type="checkbox"/> Other _____
Grade level preference <input type="checkbox"/> Daisy (K-1) <input type="checkbox"/> Cadette (6-8) <input type="checkbox"/> Brownie (2-3) <input type="checkbox"/> Senior (9-10) <input type="checkbox"/> Junior (4-5) <input type="checkbox"/> Ambassador (11-12)	Level of Activity: <input type="checkbox"/> Weekly <input type="checkbox"/> Short-term Programs (< one month) <input type="checkbox"/> Long-term Programs (> one month) <input type="checkbox"/> Occasional (as needed)

Work Experience

Current Occupation _____	Employer _____
Dates (From/To) _____	Employment Status _____
Previous Occupation _____	Employer _____
Dates (From/To) _____	Employment Status _____

Volunteer/Girl Scout Experience

Organization _____	Position _____	Dates (From/To) _____
Responsibilities _____		
Organization _____	Position _____	Dates (From/To) _____
Responsibilities _____		
Organization _____	Position _____	Dates (From/To) _____
Responsibilities _____		

Were you a member of Girl Scouting as a child? _____ If yes, when & where? _____

Have you ever been an adult volunteer or staff member in Girl Scouting? _____ If yes, Where? _____

In what position? _____ When? _____

Education

Highest Level of Education Completed _____

TO BE COMPLETED BY INTERVIEWER Candidate for (position) _____ Region _____ SU# _____ Troop/Group# _____ Interviewed by _____ Date _____
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TO BE COMPLETED BY COUNCIL EXECUTIVE Appointed to (position) _____ Region _____ SU# _____ Troop/Group# _____ Appointment denied based on: _____ Appointment confirmation/denial letter sent (date) _____ Council Executive _____
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FOR OFFICE USE ONLY <input type="checkbox"/> Accepted <input type="checkbox"/> Denied Reference: 1. _____ 2. _____ 3. _____ Membership Executive _____ Date Completed _____ Approved _____ Orient _____ Support Trained _____
