

**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](http://www.gsle.org)

**Regional Service Center**

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

# Council Facilitator Application

Name \_\_\_\_\_

Address (Street/City/State/Zip Code) \_\_\_\_\_

E-mail: \_\_\_\_\_

(D) Phone: (\_\_\_\_\_) \_\_\_\_\_ (E) Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

May we call you at work? \_\_\_ yes \_\_\_ no Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Contact Information will be included on the council Facilitator Roster unless you request otherwise. The Facilitator Roster is provided to all Facilitators and (as needed) council staff.

Girl Scout Region and/or Service Unit – Name and Number: \_\_\_\_\_

1. Why are you interested in becoming a council facilitator? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you feel are your greatest strengths as a potential facilitator? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you participated in a “Facilitating Adult Learning” or “Train the Trainer” course with Girl Scouts or another organization? \_\_\_ yes \_\_\_ no

If yes, what organization? \_\_\_\_\_ When? \_\_\_\_\_

4. Do you have professional teaching or training experience? \_\_\_ yes \_\_\_ no

If yes, what type? \_\_\_\_\_

5. What other adult learning skills/training experience do you have?

Designing/revising curriculum/training materials \_\_\_\_\_

Working with adults \_\_\_\_\_

Public Speaking or Presentation Skills \_\_\_\_\_

Developing Power Point or other computer presentations \_\_\_\_\_

Leading Webinars or other technology-based learning experiences \_\_\_\_\_

Please list any other teaching or training experience you have such as coaching, teaching Sunday School, other volunteer organizations, etc. \_\_\_\_\_  
\_\_\_\_\_

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6. Please list your current and past involvement in Girl Scouting. Include the Girl Scout training you have taken for those positions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list name, phone, email/fax information, relationship/affiliation for a person who will serve as a personal reference for your willingness and ability to be a council facilitator:

Name: \_\_\_\_\_

(D) Phone: (\_\_\_\_\_) \_\_\_\_\_ (E) Phone: (\_\_\_\_\_) \_\_\_\_\_

Email or Fax: \_\_\_\_\_

Relationship/affiliation to applicant: \_\_\_\_\_

Thank you for your interest in joining the council facilitator's team. You will be contacted within two weeks of receipt of your application to schedule an interview.

***Please return your completed application to:***

Jill Pollard  
Director of Adult Development  
Girl Scouts Louisiana East  
841 S. Clearview Parkway  
New Orleans, LA 70121

phone: 504-355-5871  
email: [jpollard@gsle.org](mailto:jpollard@gsle.org)