

# Girl Scouts SELA Volunteer Council Trainer Application

**Return Completed Application to:**

Attn: Adult Development Director  
Girl Scouts Council of Southeast Louisiana  
841 South Clearview Parkway  
New Orleans, LA 70121  
or  
FAX: 504-733-8219

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Parish: \_\_\_\_\_

Service Unit: \_\_\_\_\_ Troop: \_\_\_\_\_ Troop level: \_\_\_\_\_

Best time to call you: \_\_\_\_\_

What skills do you possess that would make you a good trainer?

\_\_\_\_\_  
\_\_\_\_\_

List the positions you have held in Girl Scouting (past and present).

\_\_\_\_\_  
\_\_\_\_\_

Describe any leadership positions that you have held in your community or professional life.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience training or leading adults?

\_\_\_\_\_  
\_\_\_\_\_

Indicate topics that you have skills in and would be interested in volunteering as a trainer

- |                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Daisy Girl Scout       | <input type="checkbox"/> Backpacking/Hiking |
| <input type="checkbox"/> Brownie Girl Scout     | <input type="checkbox"/> Camping            |
| <input type="checkbox"/> Junior Girl Scout      | <input type="checkbox"/> Ceremonies         |
| <input type="checkbox"/> Girl Scouts Ages 11-17 | <input type="checkbox"/> Crafts             |
| <input type="checkbox"/> Girl Scout History     | <input type="checkbox"/> Games              |
| <input type="checkbox"/> Training design        | <input type="checkbox"/> Events             |
| <input type="checkbox"/> First Aid/CPR          | <input type="checkbox"/> Science            |
| <input type="checkbox"/> Religions/Youth Groups | <input type="checkbox"/> Songs/Music        |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Other              |

List two references, not related to you, who can attest to your abilities to volunteer with adults.

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

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

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

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Parish: \_\_\_\_\_

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

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

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

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Parish: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return to the Adult Development Director

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FAX: 504-733-8219

Trainer Candidate: \_\_\_\_\_

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

Relationship to candidate: \_\_\_\_\_

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

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You have been listed as a reference on the above volunteer's trainer application. She/he has expressed interest in or has been recommended for training other volunteers in required skills. Please complete this form and return it to the attention of the Adult Development Director at the address above. Your help in ensuring that quality adults become part of the training team is appreciated.

How long have you known the candidate?

\_\_\_\_\_

In what capacity do you know the candidate?

Business \_\_\_\_\_ Friend \_\_\_\_\_  
Community Organization \_\_\_\_\_ Other \_\_\_\_\_

What qualifications does this candidate have that would make her/him a good trainer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you think that this candidate will be able to project a positive image of Girl Scout Council of Southeast Louisiana? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe this adult's ability to communicate with adults.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to add additional comments on the back.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Signature

\_\_\_\_\_  
Date