

Girl Scouts of Peninsula Waters, Inc.
 131 W. Washington St. Suite C
 Marquette, MI 49855
 906/225- 8020 or 1-800-562-9787
 F 906/225-8027 Web-www.gspw.org



Volunteer Application

Adult Girl Scout volunteers must register annually, however they need only complete and submit this application once.

(Please type or print clearly)

Last Name:		First Name:		MI:
Street Address:			Apt:	
City:		State:	Zip:	
Day Phone:	Evening Phone:	Cell Phone:		
E-mail:	Check Preferred Contact: <input type="checkbox"/> Day Phone <input type="checkbox"/> Evening Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail			
Employer:	Occupation:			
Does your employer financially match volunteer hours? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How long have you lived at this address?		If less than one year, give previous address:		
List previous married and or birth names:				
Do you have a valid driver's license?		Valid Insurance?		Access to transportation?
Driver's license number:		Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been arrested for or convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation. An arrest or conviction will not necessarily be cause for disqualification.				
Are you a convicted sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is any member of your household a convicted sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Girl Scouts of Peninsula Waters does not sell its membership lists, e-mail addresses, names or other personally identifying information for any reason. We use personally identifiable information only as related to Girl Scout activities.</i>				

Which volunteer opportunities interest you? (Check all your interests)

Long term (2 + years) Short Term (0-1 year) Special Projects

Volunteering with Girls: <input type="checkbox"/> Daisy Leader/Co-Leader Grades K-1 <input type="checkbox"/> Brownie Leader/Co-Leader Grades 1-3 <input type="checkbox"/> Junior Leader/Co-Leader Grades 3-6 <input type="checkbox"/> Cadette Leader/Co-Leader Grades 6-9 <input type="checkbox"/> Senior Leader/Co-Leader Grades 10-12 <input type="checkbox"/> Troop Cookie Program Coordinator <input type="checkbox"/> Troop/Group Helper <input type="checkbox"/> Other _____	Girl Programs: <input type="checkbox"/> Outdoor Skills/Camping <input type="checkbox"/> Leadership/Life Skills Development <input type="checkbox"/> Sports Clinics/Coach <input type="checkbox"/> Health & Wellness/Nutrition Activities <input type="checkbox"/> Math/Science Skills <input type="checkbox"/> Multi-cultural/Diversity Awareness <input type="checkbox"/> Community Service/Service Learning	Volunteering with Adults: <input type="checkbox"/> Council Fundraising Campaign <input type="checkbox"/> Public Relations <input type="checkbox"/> Trainer/Facilitator <input type="checkbox"/> Outdoor Trainer <input type="checkbox"/> Administrative <input type="checkbox"/> Special Committees <input type="checkbox"/> Other _____
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List any disability or health condition which you would like to have considered in your placement.

Please complete side two.

This portion of the application must be completed and will be shredded after a criminal history background check has been completed.	
Birth date: ____/____/____	Social Security Number: _____

Why are you interested in volunteering for Girl Scouts?

Are you currently certified in any of the following areas? American Red Cross Certified Safety Instructor
 Lifeguard Small Craft/Canoe Other _____

Previous Girl Scout Membership?

Service Area/Council	Girl or Adult	Date:	Position/Duties

List any relevant work or volunteer experience.

Agency / Organization:	Date:	Position / Duties:

REFERENCES

List three people, not related to you, who have knowledge of your character, experiences and abilities.

REFERENCE #1

Name _____
Address _____
City/Zip _____
Phone # _____
E-mail _____
Relationship to you _____
How long have you known this person? _____

REFERENCE #2

Name _____
Address _____
City/Zip _____
Phone # _____
E-mail _____
Relationship to you _____
How long have you known this person? _____

REFERENCE #3

Name _____
Address _____
City/Zip _____
Phone # _____
E-mail _____
Relationship to you _____
How long have you known this person? _____

I certify that all information on this application is true and complete. I authorize the Girl Scouts of Peninsula Waters, Inc. to check the references I have listed and investigate my background in order to verify the information I have provided. I understand that falsification or significant omissions of any information may be considered reasons for non-acceptance or release from a volunteer position if discovered at a later date. I have read the Conduct of Volunteers information and agree to abide by the policies stated as a condition of my volunteer position.

Signature

Date