



EXPERIENCE: (Continued)

Please list the civic clubs and organizations you are involved with – both past and present.

EDUCATION

Please list any training you may have had with Girl Scouts and/or other groups (American Red Cross, American Heart Association, church, etc).

I am willing to take training required for my Girl Scout position as needed. Yes No

BACKGROUND (must be completed)

Have you ever been convicted of a crime (other than traffic violations)? Yes No

If you answered yes, please list the state, offense, date, and location of the crime.

Have you ever been charged with an offense against a child such as sexual abuse, abduction, or physical abuse?

Yes No

Has anyone living in your household ever been charged with an offense against a child such as sexual abuse, abduction, or physical abuse? Yes No

Please list the names of the other adults living in your household.

Do you know of any reason why you would not be able to perform the essential function of the position with/without reasonable accommodation? Yes No

If you answered yes, please state your reason.

**REFERENCES:** Three references are required and must be other than relatives (i.e. employers, civic club associates, church associates). Complete names addresses and phone numbers are essential.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

In what capacity do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

In what capacity do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

In what capacity do you know this person? \_\_\_\_\_

I certify that my answers are true and complete and that I have not knowingly withheld or falsified any information. I understand that any misrepresentation or omission of facts on this application will be cause for release from my position as a Girl Scout volunteer.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Membership/Program Specialist's Signature \_\_\_\_\_

Date \_\_\_\_\_

(This form is kept on file)

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