



**Girl Scouts**  
Where Girls Grow Strong<sup>SM</sup>

# Girl Scouts of Rhode Island, Inc.

## VOLUNTEER APPLICATION

Return completed form to:  
Girl Scouts of Rhode Island, Inc.  
125 Charles St.  
Providence, RI 02904  
Or FAX 401-421-2937

**Please Print Clearly**

### PERSONAL INFORMATION

NAME			DATE OF APPLICATION
STREET ADDRESS			AREA CODE & TELEPHONE NO. (DAYTIME)
CITY	STATE	ZIP	AREA CODE & TELEPHONE NO. (EVENING)
PRESENT OCCUPATION OR YEAR IN SCHOOL			E-MAIL ADDRESS
WHERE DID YOU LEARN ABOUT GIRL SCOUTING AND OUR COUNCIL?		ARE YOU 18 or OLDER?	REGISTERED MEMBER OF GSUSA
		Yes No	Yes No Council name:
Are you currently a student? Yes No If "Yes", Full-time Part-time			
Have you ever been convicted of a crime (other than traffic violations) Yes No			
If yes, please state offense, date, and location. A conviction record will not necessarily be cause for disqualification.			

### TYPE OF VOLUNTEER ASSIGNMENT DESIRED – PLEASE CIRCLE ALL THAT APPLY

WORK DIRECTLY WITH GIRLS AS A: Troop/Group Leader Assistant Troop/Group Leader Cookie-Sale Chairperson Share a skill, career, or hobby  
 AGE LEVEL: \_\_\_Girls K-1<sup>st</sup> (ages 5-6) \_\_\_Girls 2<sup>nd</sup>-3<sup>rd</sup> (ages 6-8) \_\_\_Girls 4<sup>th</sup>-6<sup>th</sup> (ages 9 – 11) \_\_\_ Girls ages 11-13 \_\_\_ Girls ages 13-15 \_\_\_Girls ages 15-17  
 COUNCIL WIDE SUPPORT WITH: Graphic Design Fund Raising Program Event Organization  
 Marketing/Public Relations Secretarial Support (mailings, typing, etc)  
 TRANSLATIONS: Spanish Portuguese Other: \_\_\_\_\_

### POTENTIAL TIMES AVAILABLE FOR VOLUNTEER WORK

Please check all that apply, and indicate specifics (what days, times, etc.)

Days \_\_\_\_\_ Evenings \_\_\_\_\_ After School \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_  
 Duration of Volunteer Commitment: Year Long \_\_\_\_\_ 4-6 week assignment \_\_\_\_\_ one day event \_\_\_\_\_

### EDUCATION

NAME OF SCHOOLS (HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL)	DEGREE OR CREDITS

### EMPLOYMENT HISTORY – PLEASE LIST MOST RECENT POSITIONS FIRST

Employer's Name and Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Major Responsibilities: \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Name and Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Major Responsibilities: \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**OVER**

## VOLUNTEER EXPERIENCE

VOLUNTEER POSITION	AGENCY	PHONE NUMBER	SUPERVISOR	DATES

## TRAINING AND SKILLS

COURSES TAKEN IN TRAINING OR LEADERSHIP (incl. Girl Scouts)	AGENCY	PLACE	DATE

**OTHER TRAINING: LIST NAME OF COURSE AND DATE OF MOST RECENT CERTIFICATION**

Lifeguard	Course _____	Cert Date _____	First aid	Course _____	Cert Date _____
Water-safety instructor	Course _____	Cert Date _____	CPR	Course _____	Cert Date _____
Water-safety lifeguard instructor	Course _____	Cert Date _____	Registered nurse	Course _____	Cert Date _____
Instructor of swimming for handicapped	Course _____	Cert Date _____	EMT	Course _____	Cert Date _____
Canoeing instructor	Course _____	Cert Date _____	Licensed driver	Course _____	Cert Date _____
Boating instructor	Course _____	Cert Date _____	Chauffeur's license	Course _____	Cert Date _____
Water-skiing instructor	Course _____	Cert Date _____	Kayaking instructor	Course _____	Cert Date _____
Trip leadership	Course _____	Cert Date _____	Teacher/coach	Course _____	Cert Date _____
Sailing instructor	Course _____	Cert Date _____	Challenge course	Course _____	Cert Date _____

## INTERESTS, HOBBIES, SKILLS – PLEASE CHECK ALL THAT APPLY

Arts & Crafts	Biking	Camping	Canoeing	Computers	Construction Trades	Cooking
Dancing	Engineering	Fashion Design	Finance	Gardening	Graphics Design	Hiking
Journalism	Law	Law Enforcement	Leadership	Mechanics	Media – Radio/TV	Medical
Music	Retail	Sailing	Science	Other: _____		

## PERSONAL STATEMENT

Please, briefly summarize what interests you about being a Girl Scout volunteer.

## REFERENCES

List three (3) persons NOT related to you who can judge your qualifications for this volunteer position. If you have previous experience as a volunteer, one reference should be from that organization.

NAME	ADDRESS	PHONE NUMBER

I certify that all information provided on this application is true and complete. I understand that falsification or significant omission of any information may be considered justification for non-acceptance or dismissal if later discovered

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*There will be no discrimination against an otherwise qualified adult volunteer by reason of disability, age, race, color, ethnicity, sex, sexual orientation, creed, national origin, or socio-economic status. \*\***

**Office Use Only:**

Interviewed, Date: \_\_\_\_\_ Initials: \_\_\_\_\_      References Checked, Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 No Further Interest      Entered to DB      Placement: \_\_\_\_\_