

GIRL SCOUTS OF CENTRAL & SOUTHERN NJ, Inc.
Please return to the following service center:

Cherry Hill Service Center
 40 Brace Road
 Cherry Hill, NJ 08034

Adult Volunteer Application – Please print clearly		
First Name	Middle Name	Last Name
Former/Maiden Last Name	Date of Birth (MM/DD/YYYY)	Gender (please circle) Male Female
Full Social Security Number (This is necessary in order to run a criminal background check.)		
Address (Street)		
Address (City, State, Zip Code)		
Previous Address (Street/City/State/Zip) <i>(if less than 5 years at current address)</i>	Home E-mail address	
Home Telephone Number	Cellular Phone Number	
Employment Information		(Please circle) FT PT
Occupation	Employer	
Employer Address		
Work Phone Number	Work E-mail Address	
Why are you applying to become a Girl Scout Volunteer?		
In what capacity would you prefer to volunteer? (Please check) <input type="checkbox"/> Leader/Co-Leader <input type="checkbox"/> Service Unit Team Member <input type="checkbox"/> Organizer/Recruiter <input type="checkbox"/> Troop Camper <input type="checkbox"/> Troop Treasurer <input type="checkbox"/> Troop Cookie Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Helper <input type="checkbox"/> Other: _____		
In what town would you prefer to volunteer in? _____		
What grade level would you like to work with? (Please check) <input type="checkbox"/> Daisy (K- 1) <input type="checkbox"/> Brownie (2-3) <input type="checkbox"/> Junior (4-5) <input type="checkbox"/> Cadette (6-8) <input type="checkbox"/> Senior (9-10) <input type="checkbox"/> Ambassador (11-12)		

Continued

Volunteer Application Continued

What is the best time for you to volunteer? (Circle all that apply)

Mornings Afternoon Evenings Weekends

What day of the week are you available to volunteer? (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please list any certifications/skills/interests (i.e.: First Aid; bilingual) that may apply to your volunteer efforts in Girl Scouting? (If you wish, you may attach a resume.)

Please read questions below and circle answer. If Yes, please state circumstances and dates.

Have you ever been convicted of a misdemeanor or felony? If yes, please explain:	Yes	No
Have your driver's license ever been suspended or revoked? If yes, please explain:	Yes	No
Have you ever been accused or convicted of a crime against a child? If yes, please explain:	Yes	No
Has a member of your household been accused or convicted of a crime against a child? If yes, please explain:	Yes	No

Please provide the names and contact information for 3 non-related individuals who will serve as character references, preferably someone who has known you for two years or more. If employed, please list a work related reference. Please include FULL address to avoid a delay in processing. References will also be contacted by email if it is listed.

Name	Address (Street/City/State/Zip)	Home Telephone
		Work Telephone
E-mail address		
Name	Address (Street/City/State/Zip)	Home Telephone
		Work Telephone
E-mail address		
Name	Address (Street/City/State/Zip)	Home Telephone
		Work Telephone
E-mail address		

Certification - Please read before signing:

I certify that the information I have entered on this application is true and complete. I further understand that any false, incomplete, or incorrect statements may be considered justification for non-acceptance or dismissal from an appointed volunteer position. I authorize Girl Scouts of Central and Southern NJ, to conduct a background investigation and reference checks to determine my eligibility to be an adult volunteer with the Girl Scouts.

Signature

Date

***** Application can NOT be processed without a signature*****