



### VOLUNTEER APPLICATION

The Girl Scout Council of Northwest Georgia requests the following information because of our dedication and commitment to the girls we serve. All youth-serving organizations must take reasonable precautions when appointing adults who work with children. This information is confidential and is for internal use only. Thank you for your time in completing this application, which serves as the first step in the volunteer intake process.

**PLEASE PRINT CLEARLY**

Mr. / Mrs. / Ms. \_\_\_\_\_  
Last name First name Middle name

Address: \_\_\_\_\_  
City State Zip + 4 County

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

I would like to receive e-mail announcements and reminders.

What type of volunteer service interests you?

- Daisy Girl Scouts (5-6)
- Brownie Girl Scouts (6-8)
- Junior Girl Scouts (8-11)
- Cadette Girl Scouts (11-14)
- Senior Girl Scouts (14-17)
- Any age group of girls
- Activity guest at troop meeting
- Camping or outdoor activities
- Fundraising
- Publicity or public relations
- Event or field trip chaperone
- Organizing or staffing events
- Training adults
- Career mentoring
- Council office clerk
- Transportation
- Help with troop # \_\_\_\_\_
- Other \_\_\_\_\_

Position desired: \_\_\_\_\_ Nearest public school: \_\_\_\_\_  
(close to where you want to volunteer)

Volunteer availability: Weekdays: AM  PM  Weekends: AM  PM

One-time event  Quarterly  Monthly  Year-long troop commitment

Have you been a Girl Scout volunteer in the last twelve months? Yes  No

How did you learn about Girl Scout volunteer opportunities?

- School
- Girl Scout Volunteer
- Web site
- Media
- Brochure
- Employer
- Poster
- Council Staff
- Other \_\_\_\_\_

1577 Northeast Expressway  
Atlanta, GA 30329-2401  
(404) 527-7500 • (800) 771-4046  
(404) 929-1984 (fax)  
www.girlscoutsnwga.org

Rome: (706) 236-9254  
Dalton: (706) 226-1435

|          |       |
|----------|-------|
| POSITION | _____ |
| TROOP #  | _____ |
| S.U.     | _____ |
| COUNTY   | _____ |
| YEAR     | _____ |

**Work experience**

Current occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip County

**Volunteer Experience**

Girl Scout: \_\_\_\_\_  
position council year

Youth : \_\_\_\_\_  
position organization year

Other: \_\_\_\_\_  
position organization year

**Membership in business, civic, professional or fraternal associations/organizations**

\_\_\_\_\_ position association / organization year

\_\_\_\_\_ position association / organization year

**Interests, hobbies or skills you wish to share with Girl Scouts:** \_\_\_\_\_

**Educational background you wish to share:** \_\_\_\_\_

**Additional languages spoken:** \_\_\_\_\_

In signing this form, I affirm that I subscribe to the beliefs and principles of the Girl Scout Movement.

In the United States, everyone who joins  
Girl Scouting makes the Girl Scout Promise:

On my honor, I will try;  
To serve God and my country,  
To help people at all times,  
And live by the Girl Scout Law.

The Law:

I will do my best to be honest and fair,  
friendly and helpful, considerate and caring,  
courageous and strong, and  
responsible for what I say and do, and to  
respect myself and others, respect authority,  
use resources wisely, make the world a better place,  
and be a sister to every Girl Scout.

I acknowledge the selection process involves a subjective component and the Council must retain the exclusive right to make decisions most appropriate for the welfare and development of its girl members. The Council is committed to diversity and inclusiveness, and there shall be no discrimination against an otherwise qualified individual on the basis of race, ethnicity, gender, religion, national origin, socioeconomic status, age, disability, or any other basis prohibited by state or local law. I hereby authorize the verification of all necessary and pertinent information related to this volunteer position. I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my selection as a volunteer unfavorably. I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or later dismissal.

I also acknowledge that as a volunteer with a child-serving organization, I am required by state law to report suspected child abuse.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_ BY \_\_\_\_\_ (council designee)

## DISCLOSURE STATEMENT

As part of its volunteer selection process, the Girl Scout Council of Northwest Georgia routinely obtains investigative consumer reports on individuals interested in volunteering for the Council. The information contained in these reports may be used to deny an individual an opportunity to volunteer with the Council or to restrict a volunteer's activities. The Fair Credit Reporting Act provides you with the right to request a disclosure of the nature and scope of the investigation requested. You may also request a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

### VOLUNTEER CONSENT FORM TO RELEASE INFORMATION

I hereby authorize the Girl Scout Council of Northwest Georgia and/or Vericon Resources, Inc. and/or any of their authorized agents to obtain an investigative consumer report on me. I understand this information may be gathered at any time during my association as a volunteer with Girl Scout Council of Northwest Georgia. These reports may include, but are not limited to, employment and education verifications; personal, professional and educational references; credit or consumer investigations; drug screening; driving histories; civil and criminal histories; Social Security number verification; and any other public record or other information related to this volunteer position. I release all persons, business entities, and government agencies, whether public or private, from any and all liabilities for having furnished such information. I understand that all inquiries on this form are used for identification purposes only to gather the above information accurately and will not be used to discriminate against me in violation of any law. I realize submission of false information on this form or the volunteer application may result in non-selection or dismissal.

|  |                |   |  |
|--|----------------|---|--|
| Last Name, First Name, Middle Name (PLEASE PRINT LEGIBLY)  |                | Former Names and Time Frames  |  |
| Applicant's Signature  |                | Driver's License Number and State   |  |
| Daytime Phone Number   |                | Have you ever been arrested or charged with a crime other than a minor traffic offense? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please explain: |  |
| Social Security Number   |                | *Responses needed for proper identification only  |  |
|  |                | *Date of Birth  | *Race  |
|  |                |   | *Sex M <input type="checkbox"/> F <input type="checkbox"/> |
| Current Address  | City/State/ZIP | County  | Dates (Mo/Yr– Mo/Yr)                                       |
| Previous Address (within 7 yrs.)   | City/State/ZIP | County  | Dates (Mo/Yr– Mo/Yr)                                       |
| Previous Address (within 7 yrs.)   | City/State/ZIP | County  | Dates (Mo/Yr– Mo/Yr)                                       |
| Previous Address (within 7 yrs.)   | City/State/ZIP | County  | Dates (Mo/Yr– Mo/Yr)                                       |
| REFERENCES: A reference should be a person (NON-RELATIVE) who is familiar with your qualifications and/or experiences as they relate to working with youths and adults. YOU MUST PROVIDE THREE REFERENCES. |                |   |  |
| LAST NAME _____  |                | FIRST NAME _____  |  |
| Daytime Phone _____  |                | Mobile Phone _____  |  |
|  |                | Home Phone _____  |  |
| LAST NAME _____  |                | FIRST NAME _____  |  |
| Daytime Phone _____  |                | Mobile Phone _____  |  |
|  |                | Home Phone _____  |  |
| LAST NAME _____  |                | FIRST NAME _____  |  |
| Daytime Phone _____  |                | Mobile Phone _____  |  |
|  |                | Home Phone _____  |  |

FOR GIRL SCOUT COUNCIL OF NORTHWEST GEORGIA OFFICE USE ONLY:

|  |              |        |
|--|--------------|--------|
| Criminal <input type="checkbox"/> References <input type="checkbox"/> MVR <input type="checkbox"/> | Service Unit | County |
|--|--------------|--------|

Revised 3/2003

