



Girl Scouts
Where Girls Grow Strong™

Application for Adult Volunteer

General Information:

Girl Scout Community: _____ Date: _____

Name: _____

Address: _____ Phone: (H) _____

City _____ State _____ Zip _____ (W) _____

E-mail Address: _____ (Cell) _____

Occupation: _____ (Best time to call) _____

Place of employment: _____

Have you ever been a Girl Scout? ___ Yes ___ No
If yes, where and for how long?

Are you active in professional, community or youth organizations?
Please list the organizations and describe your involvement:

Have you had previous experience with children? Please describe your experience:

What are your hobbies, skills, areas of interest?

What type of volunteer service interests you? [Please check all choices]

- Direct service with girls (Leader, Assistant Leader)
 - Other support to girls (Troop Committee Member)
 - Community organization (Community Leadership Team member)
 - Training/Adult development
 - Fund-raising (Product Sales, Annual Giving)
 - Marketing
 - Public relations/public speaking
 - Other _____
 - Organizing special events
 - Office/clerical work
 - Program activities
 - Outdoor activities/camping
 - Computer systems
- List any specialized skills/interests _____
- List additional language(s) you speak _____ read _____ write _____

Is anyone in your family employed by an organization or corporation that has a:
Matching Gift Program Volunteer Program

Organization name _____ Contact _____

Telephone _____ email _____

The Girl Scout Promise

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

The Girl Scout 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, use resources
wisely, make the world
a better place, and be a
sister to every
Girl Scout.

Please complete other side

Volunteer Background Verification and References:

Girl Scouts Heart of the Hudson, Inc. is committed to ensuring that all girls involved in Girl Scouting are provided with opportunities to gain new skills, learn new ideas, value diversity and develop strong values in a SAFE and nurturing environment with caring and responsible adults. The following information is necessary to protect the girls, the other adults in Girl Scouting and the organization.

Have you ever been convicted of a crime (for example, a felony or misdemeanor including DWI, DUI, etc., but not including minor traffic violations or any conviction as a youthful offender)? A conviction will not necessarily be a barrier to your acceptance as a volunteer.

Yes ___ No ___ If yes, list offense, date, location and disposition of any convictions: _____

Girl Scouts Heart of the Hudson, Inc. supports and maintains environments that are free of child abuse and neglect. Child abuse and neglect are unlawful acts; it is against Council policy for volunteers, male or female, to physically, sexually or mentally abuse or neglect any girl member.

Have you or any member in your household ever been convicted of a sex offense or been convicted of a child abuse crime? Yes_____ No_____ If yes, list the crime(s) for which you or a household member has been convicted, the dates and the circumstances relating to such crime(s).

Please list three references (other than relatives) that we may contact.

1. Name: _____ Relationship: _____

Address: _____ City _____ State _____ ZIP _____

Day Phone: _____ Night Phone: _____ Best time to call: _____

2. Name: _____ Relationship: _____

Address: _____ City _____ State _____ ZIP _____

Day Phone: _____ Night Phone: _____ Best time to call: _____

3. Name: _____ Relationship: _____

Address: _____ City _____ State _____ ZIP _____

Day Phone: _____ Night Phone: _____ Best time to call: _____

I understand that acceptance for volunteer service is subject to verification of references and identity. The information furnished on this form is true; false statements will disqualify me as a volunteer. If accepted as a volunteer, I agree to abide by the Girl Scout Promise and Law.

Applicant's Signature: _____ Date _____

Please complete other side

| | | | | |
|---|---|---|--|---|
| Poughkeepsie Office 41 Page Park Dr. Poughkeepsie, NY 12603 845-452-1810 FAX: 845-452-1878 Attn: Registrar | New City Office 211 Red Hill Rd. New City, NY 10956 845-638-0438 FAX: 845-638-2804 Attn: Registrar | Middletown Office 162 Bloomingburg Rd. Middletown, NY 10940 845-361-2898, 845-794-0264 FAX: 845-361-2915 Attn: Registrar | Kingston Office 65 James St., PO Box 3039 Kingston, NY 12402 845-338-5367 FAX: 845-338-6802 Attn: Registrar | Pleasantville Office 2 Great Oak Lane Pleasantville, NY 10570 914-747-3080 FAX: 914-747-4263 Attn: Registrar |
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Authorization and Consent for Release of Information Girl Scouts Heart of the Hudson, Inc.

Dear Applicant,

The review process of all applications to volunteer with the Girl Scouts Heart of the Hudson, Inc. includes searching for possible criminal records and validating social security numbers. Please sign and complete the information necessary below to process your request.

Consent:

I hereby consent and voluntarily authorize the Girl Scouts Heart of the Hudson, Inc. to obtain an independent criminal background report and social security number validation report. I further authorize GSHH to request and receive further pertinent information to my potential volunteer position from the references I have listed.

In the event that the results of the background verification affect my placement as a volunteer in the Girl Scouts, I understand that I will be made aware of the nature and scope of such investigation.

I am a new volunteer with Girl Scouts Heart of the Hudson, Inc.

Signature: _____

Print Name: Last _____ First _____ MI _____

(Your complete name as it appears on your identification card.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Previous address, if at current address less than three years:

Address: _____

City: _____ State: _____ Zip: _____

For Office Use Only

GSHH date application processed: _____

Results: _____

The applicant must complete the information below. Note that after the background check is completed, the information below will be shredded.

Date of birth: _____

Social Security Number: _____