



<b>For Office Use Only:</b>	
Service Unit _____	
School _____	Troop # _____
Membership Staff _____	

**Girl Scouts of Northern Illinois - APPLICATION FOR A VOLUNTEER POSITION**

Name of Applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you have your own transportation with insurance? \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

**What type of volunteer work would you like to do? (please check all that apply)**

- Troop Leadership Level (working with girls) Level \_\_\_\_\_
- Lead girls in a non-troop setting, circle all that apply: Series Camp Event Travel Virtual
- Other (i.e., chaperone, committee member, first-aid, outdoor activities)
- Working with adults (i.e., service team member, trainer, fundraiser, committee member, public speaking)
- Fall Product or Cookie Sale Volunteer
- Day/Twilight Camp Volunteer

**Where would you like to volunteer? What town, school, or site?** \_\_\_\_\_

In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status, or any other basis prohibited by state or local law.

When driving girls, I acknowledge that I must be over 21 years of age, have a current valid driver's license and current automobile insurance, as required by law in the State of Illinois and Wisconsin or I will not drive anyone involved in a Girl Scout activity.

I am willing and able to take training and will fulfill duties and responsibilities as outlined in the position description. In making my application for service, I express my acceptance of the purpose of Girl Scouting and promise to uphold and interpret it to the best of my ability.

**I hereby authorize Girl Scouts of Northern Illinois to check my references. I further authorize these references to release to you information that they have about me.**

**Signature of Applicant** \_\_\_\_\_

**REFERENCES:** Please list two people who should know your ability to perform in the position being considered. If you are currently volunteering for another agency, it is desirable for one reference to be from that agency.

**DO NOT LIST RELATIVES OR HOUSEHOLD MEMBERS.**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_