



Girl Scouts of Western New York
www.gswny.org

Volunteer Application

Name (First, MI, Last):		Date:
Address:		
City:		State: Zip:
Home Phone: ()	Cell Phone: ()	Work Phone: ()
Email:		
Occupation:		
Current Employer:		

INTERESTS INDICATORS

Have you ever been a registered member of the Girl Scouts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of years as a girl:	Number of years as an adult:
Position Desired:	
What type of volunteer work would you like to do? (check all that apply)	
Girl Scout Pathways (Direct Service to Girls): <input type="checkbox"/> Facilitate a program <input type="checkbox"/> Lead a troop <input type="checkbox"/> Manage program sales <input type="checkbox"/> Mentor Girls <input type="checkbox"/> Teach a skill <input type="checkbox"/> Troop Volunteer <input type="checkbox"/> Work in the outdoors <input type="checkbox"/> Transportation <input type="checkbox"/> Organize special events <input type="checkbox"/> Other:	
Girl Scout Pathways (Indirect Service to Girls): <input type="checkbox"/> Fund-raising <input type="checkbox"/> Manage troop sales program <input type="checkbox"/> Mentor Adults <input type="checkbox"/> Public speaking/community affairs <input type="checkbox"/> Staff program events <input type="checkbox"/> Training/development of adults <input type="checkbox"/> Work on an adult committee <input type="checkbox"/> Transportation <input type="checkbox"/> Organize special events <input type="checkbox"/> Office/clerical work <input type="checkbox"/> Computer systems <input type="checkbox"/> Other:	
List any specialized skills/talents/interests:	
Times available to volunteer: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Age group preferred (if relevant to position):	
In which community or area do you wish to volunteer?:	
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is it?
Have you ever worked with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what age groups?

REFERENCES

List three (3) persons *who are not relatives* and have agreed to serve as a reference, and who can judge your qualifications to be a Girl Scout volunteer.

- If you have previous volunteer experience in another organization, one of the references should be from that organization.

- If you have previously worked with children, one of your references should relate to that particular experience.

Please provide a complete mailing address, including apartment and/or suite number, and zip code. *Incomplete information will delay the processing of your application.*

Name (First, MI, Last):		Relationship:	
Address:			
City:		State:	Zip:
Home Phone: ()	Cell Phone: ()	Work Phone: ()	
Email:			

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Email:			

Signature:	Date:
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