



Girl Scouts®  
Patriots' Trail Council

# Application for Volunteer Service

Please print legibly. Complete all sections.

**NAME**

\_\_\_\_\_  
Last First Middle

**MAILING ADDRESS**

\_\_\_\_\_  
Street City State Zip

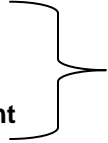
**TELEPHONE**

\_\_\_\_\_  
Work Home Cell

**EMAIL** \_\_\_\_\_ **ARE YOU OVER THE AGE OF 18?** Yes No

**I WOULD LIKE TO VOLUNTEER AS: (circle one)**

- Troop Leader
- Assistant Leader
- Troop Helper/Parent



Troop Number: \_\_\_\_\_ Service Unit (City/Town): \_\_\_\_\_

- **Service Team Member** (Community Administrative Volunteer)

Position (If Available): \_\_\_\_\_ Service Unit (City/Town): \_\_\_\_\_

- **Episodic/Short Term**

Ages Preferred (if relevant): Daisies 5-6 Brownies 6-8 Juniors 8-11 Girls 11-17

Time Commitment Weekly 2x Month Monthly One time other \_\_\_\_\_

**Are you interested in receiving the monthly newsletter of available episodic volunteer opportunities?**

YES NO (If yes, please make sure to include your e-mail address above, if available)

**HAVE YOU EVER BEEN CONVICTED OF A CRIME** (e.g., felony or misdemeanor including DWI, DUI, etc., but not including minor traffic violations or any convictions as a youthful offender)? A conviction will not necessarily be a bar to you acceptance as a volunteer. YES NO

If yes, please explain the place, date, and disposition of any convictions: \_\_\_\_\_

**List any specialized skills you bring to Girl Scouting (training, certifications, etc.):** \_\_\_\_\_

**LANGUAGE SKILLS**

Do you speak any languages in addition to English?  
YES NO

Do you write and read any languages in addition to English?  
YES NO

Are you interested and available for translation?  
YES NO

**OVER FOR PAGE 2**

<b>FOR OFFICE USE ONLY</b>	
Reg _____	CORI _____
Rec'd _____	Ref Req _____, _____
Ref Sent _____	
Ref Rec'd _____	, _____, _____
Welcome _____	Placed _____
Troop _____	Pos _____ SU _____

**YOU MUST PROVIDE THREE COMPLETE REFERENCES (NON-RELATIVES) WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS FOR GIRL SCOUT SERVICE. APPLICATIONS WILL NOT BE PROCESSED WITHOUT CORRECT, COMPLETE INFORMATION AND REFERENCES WILL BE CHECKED.**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

This is an application for a volunteer position in Girl Scouting for which there is no monetary compensation.

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, veteran status, sexual orientation, or on any other basis prohibited by federal, state or local law.

If applicable, I hereby authorize you to check my personal references and I further authorize these references to release information they have about me. I understand that criminal background checks may be required by state or federal law for persons serving children. A consent form will be provided if applicable.

I understand that any misrepresentation, omission, or falsification of any fact from this application or during any interview will be cause for rejection of this application or dismissal from volunteer services. I also understand that acceptance for volunteer service is subject to verification of references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return completed application to:**

Volunteer Coordinator

265 Beaver St.

Waltham, MA 02452

Telephone: (781) 893-6113

Fax: (781) 893-0022