

Personal Information: Please print clearly.

Name _____

Address _____
Last City First MI ST Zip

County: _____ E-mail Address: _____

Do you presently hold a valid driver's license? Yes No Gender: Female Male

Telephone: _____
Day Evening Cell

Employment: _____
Position Employer Address

Have you ever been a Girl Scout? No Yes: As a girl for _____ years Yes: As an adult for _____ years

Girls can participate in Girl Scouts in many different ways. How are you able to support them?

Help with Troops: Troop leadership team Parent volunteer (chaperone, transportation, cookies)

Special Events: Activity facilitator Event planning, set-up, registration, etc. Specialty: _____

Participate with Travel Groups: Chaperone Trip coordinator Fundraising

Special Interest Group Volunteer (6-8 week opportunity): What is your special interest? _____

Outdoor Education: Day/Resident Camp Aquatic studies Environmental education Sports

Working with Adults: Coach/mentor Fund development
 Adult learning facilitator PR liason
 Service Unit team member/administrative volunteer

References: List two (2) persons not related to you who are familiar with your qualifications for volunteering with the Girl Scouts. If you have previous experiences as a volunteer, one reference should be from that organization.

Name: _____
 Phone: _____
 Relationship: _____

Name: _____
 Phone: _____
 Relationship: _____

Grade Level Preferred:

- K - 1st Grade: Girl Scout Daisies
- 2nd - 3rd Grade: Girl Scout Brownies
- 4th - 5th Grade: Girl Scout Juniors
- 6th - 8th Grade: Girl Scout Cadettes
- 9th - 10th Grade: Girl Scout Seniors
- 11th - 12th Grade: Girl Scout Ambassadors

Where would you like to volunteer?

County/Service Unit: _____
 School/Facility: _____
 Troop #: _____
 Who was your recruiter? _____

Girl Scouts of Historic Georgia is dedicated to the safety of the girls and adults in our membership. It is mandatory to complete the following section. Failure to complete this application in its entirety will disqualify your application. This information is confidential and for internal use only.

Has your driver's license ever been suspended or revoked? _____ No _____ Yes
 Have you ever been convicted of a criminal offense? _____ No _____ Yes
 Have you ever been convicted of a crime involving bounced checks or stolen money? _____ No _____ Yes
 Have you ever been convicted for use or sale of illegal drugs? _____ No _____ Yes
 Have you ever been convicted of child neglect or abuse? _____ No _____ Yes
 Has anyone in your household been convicted of a felony/crime/child abuse/
 registered sex offender? _____ No _____ Yes

If you answered "yes" to any question, state the offense, date and location: _____

Explanation: _____

Please check one:

I have visited one of the following sites to complete my background check. "Historic" is the password.

- Albany area- <https://gshgalbany.volunteerportal.net>
- Athens area- <https://gshgathens.volunteerportal.net>
- Augusta area- <https://gshgaugusta.volunteerportal.net>
- Columbus area- <https://gshgcolumbus.volunteerportal.net>
- Macon area- <https://gshgmacon.volunteerportal.net>
- Savannah area- <https://gshgsavannah.volunteerportal.net>

Please sign the bottom of this application before submitting it. The screening must be completed before your application will be approved; do not complete the information below.

Date completed: _____

Please complete my background check. (Complete the information below if you choose this option).

Print Full Name	Social Security Number
Former Last Names (if applicable)	Date of Birth

Former Address (if you have resided in your current address less than 7 years)

Address _____ City _____ St _____ Zip _____

Please sign the bottom of this application before submitting it.

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, or on any other basis prohibited by federal, state, or local law.

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 understand that in connection with my application for volunteer services, Girl Scouts of Historic Georgia (GSHG), IntelliCorp, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, volunteer experience, driving, and/or criminal history. However, unless my position involves handling money or having access to monies and/or transferable monetary instruments, my credit history will not be checked.

I understand that GSHG may rely on any part of all of this information in determining whether to extend an offer of volunteers' duties to me. I further understand that if any adverse action is taken by GSHG, or if GSHG chooses not to extend an offer of volunteers' duties to me based on the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to volunteer assignments, and is not conducted for any purpose other than in connection with my application for volunteer duties.

I have read this Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I hereby release any and all Investigators, including IntelliCorp, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with GSHG. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested information to disclose such information to Investigators in connection with this background check.

As a volunteer with GSHG I agree to:

- Comply with the membership requirements and register as a member of the Girl Scout Organization
- Provide up-to-date information if there are any changes to volunteer application and background check data
- Participate in council and Girl Scouts of the USA (GSUSA) orientations, trainings and learning opportunities

Signature _____ Date: _____

Return this application in a sealed envelope marked "confidential" to your nearest service center to the attention of the Volunteer Management Specialist/Manager.

<p>For office use only:</p> <p><input type="checkbox"/> Screening completed</p> <p><input type="checkbox"/> Interview completed</p>
