Girl Scouts of the Missouri Heartland, Inc.

Volunteer Application

Office Use Only
Troop #
SU
Date of Application

Personal Information (*All information will be kept confidential*)

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

Can you be called at work? ☐ Yes Work Extension _____ ☐ No

Our organization is committed to creating a safe environment for girls and adults. As such, we will perform a background check on all operational volunteers. The following information is required for us to complete that investigation.

Driver's License # _____ Social Security # _____ Birth Date _____

Girl Scout Interest Information

Grade with which you would like to volunteer _____ School _____

Girl Scout Position Desired ☐ Troop Leader ☐ Asst. Troop Leader ☐ Other _____

Academic/Volunteer History

Have you ever been a Girl Scout volunteer? ☐ Yes ☐ No

If yes, please list where, when, and position(s) held _____

_____

Have you ever been a member of or worked with other youth-related groups? ☐ Yes ☐ No

If yes, please list organization name(s), location(s), and date(s) _____

_____

Please list any professional, community, or religious organizations of which you are a member.

_____

_____

_____

Please list skills and interests (hobbies, languages, trades, etc.) that can be shared with Girl Scouts of the Missouri Heartland. _____

_____

_____

Matching Gift/Volunteer Programs

Is anyone in your household employed by an organization that has a ☐ matching gift program?
☐ volunteer program?

Organization Name _____ Contact Person _____

Phone _____ E-mail _____

Personal History

Answering "yes" to any of the following questions will not necessarily be cause for disqualification.

Have you or any member of your household ever been convicted of a criminal offense?

☐ Yes ☐ No *If yes, please explain:* _____

_____

Are you or any member of your household currently under treatment for drug abuse?

☐ Yes ☐ No *If yes, please have the person in charge of your/their treatment write a statement in regard to the appropriateness of working with or being around children at this time. Attach the statement to this application.*

Are you or any member of your household currently under treatment for child abuse/neglect?

☐ Yes ☐ No *If yes, please have the person in charge of your/their treatment write a statement in regard to the appropriateness of working with or being around children at this time. Attach the statement to this application.*

Are you or any member of your household currently under treatment for anger management?

☐ Yes ☐ No *If yes, please have the person in charge of your/their treatment write a statement in regard to the appropriateness of working with or being around children at this time. Attach the statement to this application.*

Have you or any member of your household been convicted of a sexual offense?

☐ Yes ☐ No

References

Please list three references who are NOT family or relatives (current or former). At least one reference should be community-related.

1. Name _____ E-mail _____

   Home Phone _____ Cell Phone _____ Work Phone _____
2. Name _____ E-mail _____

   Home Phone _____ Cell Phone _____ Work Phone _____
3. Name _____ E-mail _____

   Home Phone _____ Cell Phone _____ Work Phone _____

Signature

I authorize Girl Scout employed staff to verify any and all information listed on this application and that a copy of this form shall act as the signed original and has the same validity. I certify that my answers to the preceding are correct to the best of my knowledge. I understand that misrepresentation or omission of facts requested may be considered justification for dismissal if discovered at a later date. If appointed as a volunteer, I agree to abide by the philosophies stated in the Girl Scout Promise and Law, to abide by the Policy and Procedures for operational volunteers of the council, to register with the Girl Scouts of the USA, and to fulfill the volunteer responsibilities to the best of my ability. I authorize the council to conduct a full and complete background search.

Signed _____ Date _____

For Office Use Only

References checked by _____ Crim. Background Check Date _____ Interviewed by _____ Date _____

Appointed ☐Yes ☐ No If yes, appointed as _____ Appointment letter signed _____

Comments _____

Date STM notified _____ CMDS Signature _____

Please return to:

Girl Scouts of the Missouri Heartland, Attn: Membership Department

210 S. Ingram Mill Rd, Springfield, MO 65802

Phone: 877-312-4764 / Fax: 417-862-4120

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United Way