



# Girl Scouts of the Missouri Heartland Volunteer Application

<b>Personal Information (All information will be kept confidential)</b>				Office Use Only	
Name				Troop #	
Address					
City		State	Zip	Service Unit	
E-mail Address					
Home Phone		Cell Phone		Work Phone	
Employer/Job Title				Work Extension #	
<b>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 to complete that investigation.</b>				Can you be called at work?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License #		Social Security #		Date of Birth	
<b>Girl Scout Level Information</b>					
School			Grade with which you would like to volunteer		
Position Requested: <input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader <input type="checkbox"/> Other _____					
<b>Academic/Volunteer History</b>					
Have you ever been a Girl Scout Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list where, when & position's) held.			
Have you been a member of or worked with other youth related group's) as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list the organization name(s), location's) and date's).			
Please list any professional, community or religious organizations for which you are a member.					
Please list skills/interests that can be shared with Girl Scouts of the Missouri Heartland (hobbies, languages, trades etc.)					
<b>Matching Gift/Volunteer Programs</b>					
Check if anyone in your household is employed by an organization that has a <input type="checkbox"/> Matching Gift    or <input type="checkbox"/> Volunteer Program. If you checked a box, list:    Organization _____					
Contact Person _____			Phone _____		
Email _____					

## 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, 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. Please 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, 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. Please attach the statement to this application.

**Are you or any member of your household currently under treatment for anger management?**  Yes  No  
If yes, 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. Please attach the statement to this application.

**Have you or any member of your household been convicted of a sexual offense?**  Yes  No

## References

List three references that are NOT family/relatives (current/former). At least one reference should be community related.

Name		E-mail	
Home Phone	Work Phone	Cell Phone	
Name		E-mail	
Home Phone	Work Phone	Cell Phone	
Name		E-mail	
Home Phone	Work Phone	Cell Phone	

*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 U.S.A., 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 COUNCIL USE ONLY

References Checked By \_\_\_\_\_

Criminal Background Check Completed On \_\_\_\_\_

Interview by/date \_\_\_\_\_

Appointed  Yes  No

If yes, Appointed as \_\_\_\_\_ Date \_\_\_\_\_

Appointment letter signed \_\_\_\_\_

Comments \_\_\_\_\_

Date Service Unit Manager notified \_\_\_\_\_

Membership Staff Signature \_\_\_\_\_

Please return to:  
**Girl Scouts of the Missouri Heartland**  
**210 S. Ingram Mill Road, Springfield, MO 65802**  
**877-312-4764 / www.girlscoutsmoheartland.org**



Service Unit: \_\_\_\_\_

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE /		

ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?  
 YES (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?  
 YES (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?  
 YES (Complete section below)     NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

**The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.**

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail	SEND FEE & FORM TO:  Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson city, MO 65102								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AGENCY NAME</td> <td>Girl Scouts of the Missouri Heartland, Inc.</td> </tr> <tr> <td>ATTENTION</td> <td> </td> </tr> <tr> <td>ADDRESS</td> <td>210 S. Ingram Mill Road</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>Springfield, MO 65802-6100</td> </tr> </table>	AGENCY NAME	Girl Scouts of the Missouri Heartland, Inc.	ATTENTION		ADDRESS	210 S. Ingram Mill Road	CITY, STATE, ZIP CODE	Springfield, MO 65802-6100	
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# Girl Scouts of the Missouri Heartland Confidential Reference

\_\_\_\_\_ has expressed an interest in a volunteer position.  
(Potential volunteer's name)

Today's Date \_\_\_\_\_ Community/School \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Volunteer position applying for: \_\_\_\_\_

She/He will be: ( ) Working with girls ( ) Working with adults

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**This section to be completed by reference:**

The above applicant has given us your name as someone who would be familiar with her/his qualifications for this position. Your assistance in answering these questions would be greatly appreciated. Please return the entire sheet to the address on the back.

Should you wish to provide this information by telephone, please feel free to call our toll-free number, 877-312-4764. Please be assured that any information given will be held in strict confidence.

**Girls are waiting! We appreciate your response within 10 days.**

Date: \_\_\_\_\_ How long have you known the candidate? \_\_\_\_\_

Your relationship to the candidate: \_\_\_\_\_

Have you ever seen this person in a situation where she/he has interacted with children? ( ) Yes ( ) No

If yes, in what capacity? \_\_\_\_\_

Please ✕ the rating that you would apply to the candidate:

CATEGORY	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT OBSERVED
Skill in working with children					
Relationships with others					
Adaptability					
Dependability					
Ability to plan and organize					
Fosters Diversity					
Communication Skills					

OVER

Do you know of any reason the candidate should not be in a volunteer position working with girls?

Yes  No If yes, please explain \_\_\_\_\_

Do you feel this person can make a contribution to our organization? \_\_\_\_\_

Would you entrust *your* children to this person?  Yes  No

Additional comments or impressions you feel would be helpful: \_\_\_\_\_

Would you:  HIGHLY RECOMMEND  RECOMMEND  NOT RECOMMEND

Please attach a sheet with further comments if needed.

Do we have permission to contact you for more information?  Yes  No

**PLEASE PRINT:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:  
Girl Scouts of the Missouri Heartland  
210 S. Ingram Mill Road  
Springfield, MO 65802  
877-312-4764 / 417-862-0004  
www.girlscoutsmoheartland.org**

