

## Volunteer Application

Please return to the Registrar Coordinator

**GSNEO**  
 Corporate Office  
 One Girl Scout Way  
 Macedonia, OH 44056-2156

Phone: 330-864-9933  
 Fax: 330-467-1901  
 Email: Registrarcoordinator@gsneo.org

Have you been a Girl Scouts of North East Ohio volunteer in the past 12 months?  Yes  No

In what position?  Leader  Co-Leader  Troop Volunteer  Non-troop Volunteer

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ County \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Nearest School District: \_\_\_\_\_ (close to where you want to volunteer)

What type of Volunteer service interests you? (Check all that apply)

<u>Preferred Program Level</u>	<u>Type of Service Preferred</u>	<u>Availability</u>
<input type="checkbox"/> Girl Scout Daisy (K-1) <input type="checkbox"/> Girl Scout Brownie (Gr 2-3) <input type="checkbox"/> Girl Scout Junior (Gr 4-5) <input type="checkbox"/> Girl Scout Cadette (Gr 6-8) <input type="checkbox"/> Girl Scout Senior (Gr 9-10) <input type="checkbox"/> Girl Scout Ambassador (Gr 11-12)	<input type="checkbox"/> Troop Volunteer <span style="font-size: 2em; vertical-align: middle;">→</span> <input type="checkbox"/> Troop Number _____ <input type="checkbox"/> Leader <input type="checkbox"/> Co-Leader <input type="checkbox"/> Troop Chaperone <input type="checkbox"/> Coordinating Product Sales <input type="checkbox"/> Troop Overnight Adult <input type="checkbox"/> Treasurer <input type="checkbox"/> Other _____ <div style="text-align: center; margin: 5px 0;">or</div> <input type="checkbox"/> Non-troop Volunteer	<input type="checkbox"/> Year-long <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time Event
	<div style="font-size: 3em; vertical-align: middle;">}</div> <input type="checkbox"/> Event/Activity Volunteer <input type="checkbox"/> Service Team <input type="checkbox"/> Training Adults <input type="checkbox"/> Other _____	

In signing this form, I affirm that I subscribe to the beliefs and principles of the Girl Scout Movement.

**The Girl Scout Promise**

On my honor, I will try:  
 To serve God and my country,  
 To help people at all times,  
 And live by the Girl Scout Law.

**The Girl Scout Law**

I will do my best to be honest and fair, friendly and helpful,  
 Considerate and caring, courageous and strong,  
 And responsible for what I say and do, and to  
 Respect myself and others, respect authority,  
 Use resources wisely, make the world a better place,  
 And be a sister to every Girl Scout.

I acknowledge the selection process involves a subjective component and the Council must retain the exclusive right to make decisions most appropriate for the welfare and development of its girl members. The Council is committed to diversity and inclusiveness and there shall be no discrimination against an otherwise qualified individual on the basis of race, ethnicity, gender, religion, national origin, socioeconomic status, age, disability, or any other basis prohibited by state or local law. I hereby authorize the verification of all necessary and pertinent information related to this volunteer position. I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my selection as a volunteer unfavorably. I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or later dismissal

I also acknowledge that as a volunteer with a child-serving organization, I am required by state law to report suspected child abuse.

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

# Volunteer Background Disclosure Form

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

Former, Maiden Names or Alias \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License # \_\_\_\_\_

Current Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Sex  Male  Female Race  White  Asian

Previous address (within 5 years) \_\_\_\_\_  Black or African American

City/State/Zip \_\_\_\_\_  Hawaiian or Pacific Islander

**Please include a Copy of your Photo Identification.**

Other \_\_\_\_\_

## Additional Information:

Do you use illegal drugs?  Yes  No

Have you ever been convicted of a criminal offence? (If yes, explain below.)  Yes  No

Have you ever been charged with child neglect or abuse? (If yes, explain below.)  Yes  No

Has your driver's license ever been suspended or revoked? (If yes, explain below.)  Yes  No

Other than the above, is there any other fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and caring of young people? (If yes, explain below.)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**References:** List three persons not related to you who are familiar with your qualifications for volunteering with the Girl Scouts.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Relationship \_\_\_\_\_

As a part of my application for a volunteer position with Girl Scouts of North East Ohio (GSNEO), I hereby give permission to GSNEO to obtain information relating to my criminal history record. The Criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I also understand that the criminal history may include information presumed to be expunged. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with GSNEO. I also that as long as I remain a volunteer of GSNEO, the criminal records check may be repeated at any time. I understand that I have an opportunity to review criminal history as received by GSNEO and a procedure is available for clarification, if I dispute the record as received.

If deemed necessary, I hereby authorize you to check all my personal and volunteer references: I further authorize these references to release to you information they have about me. I understand that criminal background checks are required by GSNEO. I understand that my signature on this document authorizes my consent to complete this criminal background check.

I understand that all inquiries on this form are used for identification purposes only to gather the above information accurately and will not be used to discriminate against me in violation of any law. I realize submission of false information on this form may be considered justification for immediate dismissal if discovered at a later date.

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

This is a 2 page form. Please complete both sides.