



Membership Executive _____
Service Unit _____
Report Code _____

Volunteer Application

Personal Information

Date received: _____

Name:_(Last)_____ (First)_____ (Middle)_____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ - _____ - _____ Mobile phone: () _____ - _____ - _____

E-mail: _____ Date of Birth _____

How do you prefer to be contacted by us? Home phone Mobile phone E-mail

Employment

Are you employed? Yes No Self-employed

Employer name: _____

Employer address: _____

Your position title: _____ Business phone: () _____ - _____ - _____ ext. _____

Education

Select the highest degree acquired:

High school/GED Associate’s degree Bachelor’s degree Master’s degree PhD Other

Name of school(s): _____

Girl Scout History

Are you already a Girl Scout member? Yes No

How long have you been involved? _____

At which Girl Scout council(s) have you volunteered? _____

What volunteer role(s)/position(s) have you held? _____

Reference(s) *Please attach the 3 references, or have them mailed to the Council address listed.*

Girl Scouts of Greater South Texas
Victoria Service Center
Attention: Terry Blevins
104 West River, Victoria Texas 77901

General Information

Which languages other than English do you speak and understand proficiently? _____

Have you worked or volunteered with children? Yes No

If yes, in what capacity? _____

What distance are you willing to travel to volunteer?

Not at all Within 10 miles Within 25 miles More than 25 miles

Special Skills

Describe your specialized skills, talents, and interests: _____

Interests Indicators

What is your volunteer availability? *(Select all that apply.)*

Day(s): Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

Times of day: Mornings Afternoons Evenings

Ideal volunteering duration: *(Check all that apply.)*

Occasional (e.g., single events) Four to six months

One to twelve weeks One year

Preferred volunteer service: *(Select all opportunities that you are interested in.)*

Direct service (working directly with girls)

Which grade levels are you interested in working with?

Grades K–1 Grades 2–3 Grades 4–5
 Grades 6–8 Grades 9–10 Grades 11–12

Which program opportunities are you interested in hearing more about?

Camp Events Series Troop Travel Virtual (online)

Indirect service (not working directly with girls but supporting adults who work directly with girls)

Trip planning Recruiting Community cultivation
 Event coordination Product sales Accounting
 Customer service Interviewing Learning facilitation
 Volunteer mentoring Quality assurance Communications
 Other *(Please specify):* _____

Background Check Authorization and Consent for Release of Information

I understand that the pre-appointment background check requires my full name, date of birth, and if applicable, driver's license number and social security number. I understand that the information I have provided may be verified by contacting persons or organizations listed in the application, or by contacting any person or organization that may have information concerning me.

I hereby consent and voluntarily authorize Girl Scouts of Greater South Texas to obtain an independent criminal background report . I further authorize said council to request or receive information, including motor vehicle reports, past employment and education records, and/or references from any persons, schools, or previous employers only if pertinent to my potential work as a volunteer. I understand that a credit report may be requested if my assignment includes the handling of money.

I certify that the entries made by me in this form are true, complete, and accurate to the best of my knowledge, and are made voluntarily and in good faith. I understand that any false statements or answers by me may disqualify me for volunteer services or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from volunteer opportunities with the Girl Scouts of Greater South Texas.

I further understand that I will receive a complete and accurate disclosure of the nature and scope of the background verification, in the event such investigation negatively affects my placement as a volunteer.

Print your full name here Signature: _____ Date: _____

Social security number: Type # here Date of birth: Type info here

For office use only

Screening performed: Date completed: Service unit: Type info here

References Type info here Additional info:

Credit report Type info here Type info here

Motor vehicle records Type info here

Criminal background check Type info here

State sex offender registry Type info here

Explain further here Social Security number

Girl Scouts of Greater South Texas
Attention: Director of Volunteer Services
104 West River, Victoria, Texas 77901
tblevins@gsgst.org

Directions: Volunteers, fill in your name at the top and give a copy to 3 non-related people who know you. Have them mail the form to the address above.

CONFIDENTIAL REFERENCE FORM FOR VOLUNTEERS

NAME _____, has applied for a volunteer position with our organization and has listed you as a reference. We would appreciate you providing the following information:

Your relationship to the volunteer _____ # of years _____

Please comment on the following:

Volunteer's strengths:

Volunteers room for growth:

Works well with others:

Reliability-Responsibility:

Punctuality-Attendance

Ability to work with children:

Ability to work with adults:

Please check one: I recommend I highly recommend I do not recommend this volunteer

Your name _____ phone # _____

Address _____

Your signature _____ date _____

Girl Scouts of Greater South Texas
Attention: Director of Volunteer Services
104 West River, Victoria, Texas 77901
tblevins@gsgst.org

Directions: Volunteers, fill in your name at the top and give a copy to 3 non-related people who know you. Have them mail the form to the address above.

CONFIDENTIAL REFERENCE FORM FOR VOLUNTEERS

NAME _____, has applied for a volunteer position with our organization and has listed you as a reference. We would appreciate you providing the following information:

Your relationship to the volunteer _____ # of years _____

Please comment on the following:

Volunteer's strengths:

Volunteers room for growth:

Works well with others:

Reliability-Responsibility:

Punctuality-Attendance

Ability to work with children:

Ability to work with adults:

Please check one: I recommend I highly recommend I do not recommend this volunteer

Your name _____ phone # _____

Address _____

Your signature _____ date _____