girl scouts of wisconsin southeast

Volunteer Application

Last Name:_____ First:_____ Middle Initial:_____ Date:_____

Address:_____ City:_____ Zip:_____

Home Phone:_____ Business Phone:_____ Mobile Phone:_____

Email:_____

Occupation:_____ Current Employer:_____

Have you been a registered Girl Scout Volunteer in the past? ❑ Yes ❑ No If so, what years?_____

Position Desired

What type of volunteer work would you like to do? (Check all that apply)

- ❑ Lead a troop
- ❑ Day camp volunteer
- ❑ Troop nut manager
- ❑ Troop cookie captain
- ❑ Troop committee volunteer
- ❑ Cookie support team (various positions)
- ❑ Regional nut manager
- ❑ Friends of camp volunteer
- ❑ Cookie delivery
- ❑ Mentor girls
- ❑ Fund development
- ❑ Faith based volunteer
- ❑ Program event volunteer
- ❑ Outdoor skill builder
- ❑ Chaperone
- ❑ Bilingual mentor (Spanish)
- ❑ Series volunteer
- ❑ Financial literacy mentor
- ❑ Girl/adult recruitment
- ❑ Special initiatives assistant
- ❑ Urban assistant
- ❑ Public speaking/community affairs
- ❑ Adult learning facilitator
- ❑ Other: _____

1. In what school or day camp do you wish to volunteer?_____ ❑ No preference
2. Age group preferred (if relevant to position): _____ ❑ No preference
3. Do you speak any language besides English? ❑ Yes (please list) _____ ❑ No
4. Have you ever worked with children? ❑ Yes What age groups?_____ ❑ No
5. Have you ever been convicted of a crime? ❑ Yes ❑ No
6. Are there any current criminal charges pending? ❑ Yes ❑ No
7. Do you use illegal drugs? ❑ Yes ❑ No
8. Have you ever been charged with child abuse or neglect? ❑ Yes ❑ No
9. Has your driver's license ever been suspended or revoked within the last five years? ❑ Yes ❑ No
10. Are there any other facts or circumstances involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of people or handling of finances? ❑ Yes ❑ No

If you answered "yes" to any of the previous questions, please explain: _____

_____

References

List three (3) persons who are not relatives that may be contacted as a reference, should we find it necessary.

Provide a complete mailing address, including apartment and/or suite number, and zip code.

List three individuals **NOT RELATED** to you who can describe your qualifications for the position(s) you listed above:

Name:_____	Name:_____	Name:_____
Phone:_____	Phone:_____	Phone:_____
Address:_____	Address:_____	Address:_____
_____	_____	_____
_____	_____	_____
Email:_____	Email:_____	Email:_____

-OVER-

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Background Check Authorization and Consent for Release of Information

I understand that in connection with my application for Volunteer Services and/or for continuous Volunteer Services, Girl Scouts of Wisconsin Southeast, 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, and/or volunteer experience.

I understand that Girl Scouts of Wisconsin Southeast may rely on any part or 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 Girl Scouts of Wisconsin Southeast, or if Girl Scouts of Wisconsin Southeast chooses not to extend an offer of volunteer duties to me based upon 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 status and/or my eligibility for continued volunteer duties.

I have read this form 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 Girl Scouts of Wisconsin Southeast, 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 Girl Scouts of Wisconsin Southeast. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

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 in good faith and voluntarily. 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 Girl Scouts of Wisconsin Southeast.

Applicant Signature _____ Date _____

After the background check is completed, the information below will be destroyed.

Printed Name with Middle Initial _____ Social Security Number _____

Date of Birth _____ Former Last Names (if applicable) _____

Current Address:

Street _____ City _____ State _____ Zip _____

Former Address:

Street _____ City _____ State _____ Zip _____