

Volunteer Application

Date received _____
 Recruited by: _____
 Interviewed by: _____
 Interview date: _____

Please fill out this form completely. It will give us the authorization to perform a necessary background screening and let us know how you are interested in volunteering. You may also complete this form online at <http://girlscoutsnebraska.org/publications-and-forms/forms/>

Name _____ Email _____
 Address _____ City _____ Zip _____
 Phone: Day _____ Evening _____ Cell _____
 Current Employer _____ Occupation _____

Background Check Authorization and Consent for Release of Information

Skip the grey section if you have completed the online background screening process at <http://girlscoutsnebraska.org/publications-and-forms/forms/>

I understand that the background check requires my full name, date of birth and Social Security Number. I hereby consent and voluntarily authorize Girl Scouts Spirit of Nebraska to obtain an independent criminal background report and Social Security Number validation report. I certify that the entries made by me on this form are true, complete and accurate to the best of my knowledge, and are made in good faith and voluntarily. 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.

Signature _____ Date _____
 Social Security Number _____ Date of Birth _____
 Driver's License Number (if you will be driving girls) _____

How did you hear about this opportunity?

- | | |
|--|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Alumni Event or Newsletter |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Radio/TV Ad |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Recruitment Event/Information Session | |

Why did you apply to become a volunteer?

- | | |
|--|--|
| <input type="checkbox"/> Want to work with youth | <input type="checkbox"/> Parent/Guardian of Girl Scout |
| <input type="checkbox"/> Community Service Requirement | <input type="checkbox"/> Former Girl Scout |
| <input type="checkbox"/> Course Credit | <input type="checkbox"/> Other _____ |

There shall be no discrimination against an otherwise qualified adult volunteer by reason of disability or on the basis of age. Furthermore, there shall be no discrimination on the basis of race, color, ethnicity, sex, creed, national origin, or socioeconomic status. In addition, to ensure full equality of the organization, affirmative action policies and procedures shall be utilized in the recruitment, selection, training, placement, and recognition of volunteers. Special emphasis shall be placed upon securing representation of underrepresented population groups.---Girl Scouts Blue Book of Basic documents 2010 (21).

Name _____

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

Direct service (working directly with girls)

Which program opportunities are you interested in hearing more about?

- Camp Events Series
 Troop Travel Virtual

Which grade levels are you interested in working with?

- Grades K-1 (Daisy) Grades 2-3 (Brownie) Grades 4-5 (Junior)
 Grades 6-8 (Cadette) Grades 9-10 (Senior) Grades 11-12 (Ambassador)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Trip Planning | <input type="checkbox"/> Interviewing | <input type="checkbox"/> SU Event Coordinator |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Delegate/Board Member | <input type="checkbox"/> SU Product Sales Coordinator |
| <input type="checkbox"/> Office/Clerical work | <input type="checkbox"/> Community cultivation | <input type="checkbox"/> SU Recruitment Coordinator |
| <input type="checkbox"/> Event coordination | <input type="checkbox"/> Fund raising | <input type="checkbox"/> Learning Facilitator (Trainer) |
| <input type="checkbox"/> Adult Mentoring | <input type="checkbox"/> SU Manager | <input type="checkbox"/> Cookie Cupboard Manager |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> SU Registrar | <input type="checkbox"/> Other _____ |

What is your volunteer availability? (Check all that apply)

What is your ideal volunteering duration?

- Ongoing One-time
 Short-term Seasonal

Date available to start: _____

Days (please check all that apply): ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

Times of day: _____Mornings _____Afternoons _____Evenings

SPECIALIZED SKILLS/TALENTS (select all that apply) circle if expert level

- | | | |
|---|--|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Camping | <input type="checkbox"/> Songs/Games |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Challenge Course | <input type="checkbox"/> Career Planning | <input type="checkbox"/> Environmental Issues |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Community Service | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Ceremonies | <input type="checkbox"/> Computers | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Other | | |

Qualifications:

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

Experience: Have you worked or volunteered with children? _____

If yes, in what capacity? _____

Other volunteer experience: _____

Certifications/Trainings (please list certification effective and end dates, if known) Helpful, but not required.

CPR/First Aid _____	Water Safety Instructor _____
Challenge Course Facilitator _____	Lifeguard _____
Archery Instructor _____	Other _____