

FOR OFFICE USE ONLY (Membership Manager)

Application date: _____

Recruited by (staff): _____

Received via: Email Paper Web

Verified personal data and signature: _____

PERSONAL INFORMATION (Please print clearly.)

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

County/SU: _____ Email Address: _____

Gender: Female Male

Employer: _____ Position: _____ Employer's Address: _____

Have you ever been a Girl Scout? No Yes, as a girl for ____ years. Yes, as an adult for ____ years.

What is the best time to contact you? Morning Afternoon Evening

VOLUNTEER INTEREST

Girls can participate in Girl Scouts in many different ways. How are you able to support them?

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?

K – 1st Grade: Girl Scout Daisies 2nd – 3rd Grade: Girl Scout Brownies

4th – 5th Grade: Girl Scout Juniors 6th – 8th Grade: Girl Scout Cadettes

9th – 10th Grade: Girl Scout Seniors 11th – 12th Grade: Girl Scout Ambassador

Troop Support: Troop leadership team Parent volunteer (chaperone, transportation, cookies)

Council and regional area volunteer service (working with council staff and other troops/groups):

Special Events: Activity facilitator Event planning, set-up, registration, etc.

Specialty: _____

Participate with Travel Groups: Chaperone Trip coordinator Fundraising

Special Interest Group:

Volunteer (6-8 week opportunity): What is your special interest? _____

Outdoor Education: Day/resident camp Aquatic studies Environmental education

Sports

VOLUNTEER INTEREST (CONTINUED)

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

Working with Adults: Coach/mentor Fund development Adult learning facilitator
 PR liaison Recruiting Accounting
 Trip Planning Event Coordination Quality Assurance

Service Unit team member/administrative volunteer
 Community Cultivation Product Sales
 Customer Service Interviewing

Other (Please specify): _____

Ideal Volunteering Duration:

Occasional (e.g., single events) Four to six months Seasonal One year
 One to twelve weeks

References: List two (2) persons not related to you who are familiar with your qualifications for volunteering with Girl Scouts. If you have previous experience as a volunteer, one reference should be from that organization.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Relationship: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Relationship: _____

Girl Scouts of Historic Georgia is dedicated to the safety of the girls and adults in our membership. It is mandatory to complete the following section. Failure to complete this application in its entirety will disqualify your application. This information is confidential and for internal use only.

Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted of a crime involving bounced checks or stolen money?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted for the use or sale of illegal drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted of child neglect or abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone in your household been convicted of a felony/crime/child abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is anyone in your household a registered sex offender?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you answered "yes" to any question:
 State the offense: _____ Date of offense: _____ Location of offense: _____
 Explanation: _____

Do you presently have a valid Driver's License? Yes No
 Driver's License # _____ State _____ Expiration _____

Please check one:

I have visited the following site to complete my background check:

<https://gshg.volunteerportal.net> - ("Historic" is the password.)

Date completed: _____

Please sign the bottom of this application before submitting it. The screening must be completed before your application will be approved. If you completed the screening online, you do not complete the information below, except for your signature.

Please complete my background check.

The following is my true and complete legal name, and all information about it and my background is true and correct to the best of my knowledge. I understand that all inquiries on this form are used for identification purposes only in order to conduct a background check that is being conducted for legitimate business reasons, specifically for volunteer and/or continued volunteer purposes.

* Responses to sex, age, and race inquiries are voluntary, and choosing not to respond will not preclude hire or promotion.

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Other Names Used (including maiden name): _____

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of volunteer application and my discharge after approval.

Signature

Date

Return this application, authorization, and personal data sheet via e-mail or in a sealed envelope marked "confidential" to your nearest service center to the attention of the Volunteer Management Specialist/Manager.

FOR OFFICE USE ONLY

Background Check Status: Complete Inquired Pending

Background Date: _____

Criminal Background Result: Report Found No Report Found

Expiration Date: _____

Disclosure and Written Authorization to Obtain a Consumer Report or Investigative Consumer Report

This is an application for a volunteer position in Girl Scouting for which there is no monetary compensation. In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status, or on any other basis prohibited by federal, state, or local law.

I understand that any misrepresentation, omission or falsification of any fact from this application or during any interview will be cause for rejection of this application or dismissal from volunteer services.

I understand that in connection with my application for volunteer services, Girl Scouts of Historic Georgia (GSHG), 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, volunteer experience, driving, and/or criminal history. However, unless my position involves handling money or having access to monies and/or transferable monetary instruments, my credit history will not be checked.

I understand that GSHG may rely on any part or all of this information in determining whether to extend an offer of volunteer duties to me. I further understand that if any adverse action is taken by GSHG, or if GSHG chooses not to extend an offer of volunteer duties to me based on 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 duties.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Girl Scouts of Historic Georgia to obtain and rely upon consumer reports or investigative consumer reports in considering me for a volunteer position. By my signature below, I authorize GSHG to obtain any such reports and to share the information received with any person involved in the volunteer decision about me. I hereby release any and all Investigators, including IntelliCorp, 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 GSHG. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or be in possession of the requested information to disclose such information to Investigators in connection with this background check.

As a volunteer with GSHG I agree to:

- Comply with the membership requirements and register as a member of the Girl Scout organization
- Provide up-to-date information if there are any changes to volunteer application and background check data
- Participate in council and Girl Scouts of the USA (GSUSA) orientations, trainings and learning opportunities

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of GSHG.

Applicant Signature

Date