

Girl Scouts of Greater Atlanta, Inc.

Return completed applications to:
5601 North Allen Road
Building B
Mableton, GA 30126
Fax: 770-944-4769 • Phone: 770-702-9100



Position: _____
Service Unit: _____
County: _____
Year: _____

VOLUNTEER APPLICATION

Girl Scouts of Greater Atlanta, Inc. requests the following information because of our dedication and commitment to the girls we serve. All youth-serving organizations must take reasonable precautions when appointing adults who work with children. This information is confidential and is for internal use only. Thank you for your time in completing this application, which serves as the first step in the volunteer intake process. **PLEASE PRINT CLEARLY**

Mr. / Mrs. / Ms. _____
Last name First name Middle name

Address: _____
City State Zip + 4 County

Home phone: _____ Cell phone: _____ Email: _____

What type of volunteer service interests you? (check **all** that apply)

<u>Program Level</u>	<u>Volunteer Capacity</u>	<u>Availability</u>
<input type="checkbox"/> Girl Scout Daisy (K-1)	Troop volunteer →	<input type="checkbox"/> Troop number _____
<input type="checkbox"/> Girl Scout Brownie (Gr 2-3)	<input type="checkbox"/> Leader	<input type="checkbox"/> Cookie Chair
<input type="checkbox"/> Girl Scout Junior (Gr 4-5)	<input type="checkbox"/> Asst. Leader	<input type="checkbox"/> Non-Parent Helper
<input type="checkbox"/> Girl Scout Cadette (Gr 6-8)	<input type="checkbox"/> Parent Helper	<input type="checkbox"/> Event volunteer
<input type="checkbox"/> Girl Scout Senior (Gr 9-10)		<input type="checkbox"/> Activity guest
<input type="checkbox"/> Girl Scout Ambassador (Gr 11-12)	Non-troop volunteer {	<input type="checkbox"/> Outdoor/Camping
		<input type="checkbox"/> Adult Trainer
		<input type="checkbox"/> Service Unit Team
		<input type="checkbox"/> Year-long
		<input type="checkbox"/> Monthly
		<input type="checkbox"/> Quarterly
		<input type="checkbox"/> One-time event

Have you been a Girl Scout volunteer in the last twelve months? Yes No

Nearest public school: _____ (close to where you want to volunteer)

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 _____

DISCLOSURE STATEMENT

As part of its volunteer selection process, Girl Scouts of Greater Atlanta routinely obtains investigative consumer reports on individuals interested in volunteering for the council. The information contained in these reports may be used to deny an individual an opportunity to volunteer with the council or to restrict a volunteer's activities. The Fair Credit Reporting Act provides you with the right to request a disclosure of the nature and scope of the investigation requested. You may also request a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

VOLUNTEER CONSENT FORM TO RELEASE INFORMATION

I hereby authorize Girl Scouts of Greater Atlanta and/or Vericon Resources, Inc. and/or any of their authorized agents to obtain an investigative consumer report on me. I understand this information may be gathered at any time during my association as a volunteer with Girl Scouts of Greater Atlanta. These reports may include, but are not limited to, employment and education verifications; personal, professional and educational references; credit or consumer investigations; drug screening; driving histories; civil and criminal histories; Social Security number verification; and any other public record or other information related to this volunteer position. I release all persons, business entities and government agencies, whether public or private, from any and all liabilities for having furnished such information. 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 or the volunteer application may result in non-selection or dismissal.

Last Name, First Name, Middle Name (PLEASE PRINT LEGIBLY)		Former Names and Time Frames	
Applicant's signature (required)		Date signed (required)	
Daytime Phone Number		Have you ever been arrested or charged with a crime other than a minor traffic offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
Social Security Number		*Responses needed for proper identification only	
		*Date of Birth	*Race
		*Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Current Address	City/State/ZIP	County	Dates (Mo/Yr– Mo/Yr)
Previous Address (within 7 yrs.)	City/State/ZIP	County	Dates (Mo/Yr– Mo/Yr)
Previous Address (within 7 yrs.)	City/State/ZIP	County	Dates (Mo/Yr– Mo/Yr)
REFERENCES: A reference should be a person (NON-RELATIVE) who is familiar with your qualifications and/or experiences as they relate to working with youths and adults. YOU MUST PROVIDE TWO REFERENCES.			
LAST NAME _____		FIRST NAME _____	
Daytime Phone _____		Mobile Phone _____ Home Phone _____	
LAST NAME _____		FIRST NAME _____	
Daytime Phone _____		Mobile Phone _____ Home Phone _____	

FOR GIRL SCOUTS OF GREATER ATLANTA OFFICE USE ONLY:

Service Unit	County	Position
Date Rec'd at GS	Date completed by Vericon	Date Reviewed/Reviewed by

