



Dear Potential Girl Scout Volunteer:

Thank you for your interest in receiving more information about Girl Scout leadership. It is only with the guidance of caring adults that we can serve the girls.

Girl Scouts is the world's preeminent organization dedicated solely to girls – all girls – where, in an accepting and nurturing environment, girls build character and skills for success in the real world. In partnership with committed adults, girls develop qualities that will serve them all their lives- like strong values, social conscience and conviction about their own potential and self worth.

In Girl Scouts, girls discover the fun, friendship and power of girls together. Through the many enriching experiences provided by Girl Scouting they grow courageous and strong.

Please contact any of the following locations or visit www.gsgms.org for more information:

Metro Jackson Service Center

1471 West County Line Road
Jackson, MS 39213
601.366.0607
800.898.4475
Fax: 601.366.0664

Hattiesburg Service Center

500 North Hutchinson Avenue
Hattiesburg, MS 39401
601.582.1455
888.524.9613
Fax: 601.582.7955

Gulfport Service Center

1610 25th Avenue
Gulfport, MS 39501
228.864.7218
866.764.7215
Fax: 228.867.9979

Meridian Service Center

307 24th Avenue
Meridian, MS 39301
601.693.2903
888.693.2904
Fax: 601.693.8184

Volunteer Application

Date received: _____

Recruited By: _____

Personal Information

Name: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

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

E-mail: _____

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

How did you hear about this opportunity?

- | | |
|---|--|
| <input type="checkbox"/> Volunteer Match | <input type="checkbox"/> Alumni 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/Info 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 _____ |

Preferred location to volunteer in: _____

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? _____

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)*: _____

What distance are you willing to travel to volunteer?

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

Do you own or have access to transportation? YES NO

Reference(s) *(List up to three, if applicable.)*

Name: _____

Relationship: _____

Address: _____

E-mail: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

E-mail: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

E-mail: _____

Phone: _____

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?

Special Skills

Describe your specialized skills, talents, and interests:

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 Mississippi to obtain an independent criminal background report and Social Security number validation report, if applicable. 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 Mississippi.

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:

For office use only

Screening performed:

Date completed:

Service Unit:

- References
- Credit report
- Motor vehicle records
- Criminal background check
- State sex offender registry
- Social Security number

Additional info: