

Girl Scout of Rolling Hills Council
(908) 725-1226 Fax: (908) 725-4933
rollinghills@girlscouts-rh.org
www.girlscouts-rh.org

1171 Route 28
North Branch, NJ 08876

Organizer's Name _____
Interview Date _____ -----

Volunteer Application

Please PRINT on this application.

Personal Information:

Name _____
(First) (Middle) (Last)

Street Address _____

(City) (State) (Zip)

Home Phone _____ Cell Phone _____

E-mail Address _____

NJ Driver's License # _____ Auto Insurance Co. _____

Age Range 18-20 ____ 21-30 ____ 31-40 ____ 41-50 ____ 51-60 ____

Place of Employment _____

Occupation _____ Full-time ____ Part-time ____

Address _____ Business Phone _____

(City) (State) (Zip) Can you receive Girl Scout
calls at work (circle one)? Yes
No

Education: (High School, College, Graduate School)

Name of School	Dates	Highest Grade				Degree or Credits
		Completed				
_____	_____	1	2	3	4	_____
_____	_____	1	2	3	4	_____
_____	_____	1	2	3	4	_____

Membership: (Community or professional groups, youth and adult, in which you are or have been active. List offices or positions held.)

Hobbies and Interests: _____

Check special training, certification, or experience:

____ First Aid/CPR ____ Teaching ____ Fund Raising
____ Lifesaving/WSI ____ Computer ____ Sales/Marketing
____ R.N./L.P.N./E.M.T. ____ Office Machines Other _____

Do you prefer to work directly with: ____ Girls ____ Adults ____ Both

If you wish to work with girls, what age level(s) do you prefer?

____ Daisy (Kindergarten) ____ Cadette (grades 7, 8, 9)
____ Brownie (grades 1, 2, 3) ____ Senior (grades 10, 11, 12)
____ Junior (grades 4, 5, 6)

References: List three persons who can judge your qualifications for this position.
DO NOT list relatives. Please *print* ACCURATE and COMPLETE addresses.

(1) Name	_____	Occupation	_____
Address	_____	Phone (Home)	_____
	_____	(Business)	_____
(2) Name	_____	Occupation	_____
Address	_____	Phone (Home)	_____
	_____	(Business)	_____
(3) Name	_____	Occupation	_____
Address	_____	Phone (Home)	_____
	_____	(Business)	_____

History of Legal Involvement *Lines below are for explanations (state question #).*

1. ___ yes ___ no Have you ever been convicted of a crime (other than traffic violation)? If yes, please state offense, date and location.
2. ___ yes ___ no Have you ever been charged with or convicted of child neglect or abuse?
3. ___ yes ___ no Have you ever been charged with or convicted for the possession, use, or sale of drugs?
4. ___ yes ___ no Has your driver's license ever been suspended or revoked?
5. ___ yes ___ no Have you ever been entrusted with the supervision, guidance and care of young people? How and under what circumstances did that relationship end?
6. ___ yes ___ no Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? (If yes, please explain.)

I certify that all information provided on the application is true and complete. I authorize the Girl Scouts of Rolling Hills Council to check references and verify information. I understand that falsification or significant omissions of any information may be considered justification for dismissal.

I hereby grant consent to the council to secure a criminal history background check in accordance with N.J.S.A. 15A:3A-4. I also consent to submitting fingerprints to the council if requested. NOTE: Refusal to grant permission voids application.

I understand that the furnishing of social security numbers is voluntary and that, if provided, social security numbers will only be used for purposes of processing requests for criminal record information.

I understand training is required for all positions and that I will participate in this training as it is offered. I acknowledge receipt of Girl Scouts of Rolling Hills Council policies and agree to abide by them.

_____ Date _____

Signature

Date of Birth ___/___/_____

Soc. Sec. #: _____

Office Use Only	
Date References sent _____	Second Requests sent _____