



Girl Scout Volunteer Position Application

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

PLEASE PRINT LEGAL NAME:

Last Name: _____ First Name: _____ MI: _____

Maiden/Former Last Name (if applicable): _____

Mailing Address: _____

City: _____ California Zip: _____

Email: _____

Phone Numbers: Day: _____ Evening: _____

Date of Birth: _____ SS#: _____

Name as it appears on Social Security Card: _____

IntelliCorp requires Date of Birth and Social Security Number with Full Legal name to run all background checks. This information will be kept confidential.

Position Desired: Leader ☐ Assistant Leader ☐ Other _____

School your child attends: _____

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

Co/Assistant Leader: _____

Assisting an existing Troop (list Troop Number): _____

REFERENCES:

List three persons **not related to you** who can judge your qualifications for this position. They should have known you for at least one year. Names and Phone numbers only.

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

EDUCATION:

Name of School	Degree or Credits	Major Study
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#633 – rev – 5/14 – SS:js

PREVIOUS VOLUNTEER AND PAID WORK EXPERIENCE:

Organization/Employer	City/State	Position	Dates
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STATEMENT OF INTEREST: (Why are you interested in a volunteering position?)

Have you or any member of your household ever been convicted of a crime (other than minor traffic violations)? IF YES, please **state offense, date, state and county** on the back of this form. (A conviction record will not necessarily be cause for disqualification.) No ☐ Yes ☐

I verify that there is no registered sex offender residing in my home. _____ Initial

This is an application in Girl Scouting for which there is no monetary compensation. According to GSUSA's Blue Book of Basic Documents, there shall be no discrimination against an otherwise qualified individual. I understand that a background check will be done using my DOB/SS# (date of birth/social security number). **This information will be kept confidential.**

I certify that all information provided on this application is true and complete. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal if discovered at a later date.

I have read the description for the position for which I am applying. If appointed, I agree to fulfill the position requirements.

Signature: _____ Date: _____

Referred by: _____

FOR OFFICE USE:

RETURN COMPLETED APPLICATION TO:

Name: _____ Day Phone: _____

Address: _____ City: _____ Zip: _____

Service Unit: _____ Ref. Request: _____ BGC: _____

Approved: _____

Sacramento Regional Program Center
6601 Elvas Ave, Sacramento, CA 95819
916.452.9181 or 800.322.4475
FAX 916.452.9182

Modesto Regional Office
5172 Kiernan Ct Suite D, Salida, CA 95368
209.545.3620 or 800.834.9899
FAX 209.545.3621