

VOLUNTEER APPLICATION

Volunteers are selected on the basis of their ability to perform and willingness to accept the Girl Scout Promise and Law.

Girl Scouts—Dakota Horizons prohibits discrimination against any volunteer or volunteer applicant because of that persons' race, color, creed, religion, ancestry, sex, national origin, disability, age, sexual orientation, marital status, and status with regard to public assistance, or any other legally protected status. All adult volunteers must register and pay annual dues. **NEW volunteers must receive written approval from Girl Scouts—Dakota Horizons before assuming any role or meeting with girls.**

CHECK ONE: **New Volunteer** or **Returning Volunteer** – If returning, please indicate years of service _____
Have you completed an Adult Membership Registration and paid your annual membership dues? **Yes** **No**

Volunteer Information (Please Print)

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

How long at this address? _____ Phone (Day) _____ (Evening) _____ (Cell) _____

Other Names Used: _____

E-mail Address _____

Best Times and Days to Contact _____

Check Desired Position: **Troop Leader** **Co-Leader** **Troop Helper** **Cookie/Nut Volunteer** **Other – please list**
Troop # _ _ _ _ _

***** NEW volunteers applying to be a Leader or Co-Leader must complete the following reference section*****

REFERENCES:

List 3 persons, ***not related to you***, who can judge your qualifications for this position. If you have previous experience as a volunteer, one reference should be from that organization. **Please provide complete addresses and phone numbers (work number if applicable) and notify references they will be contacted.**

1. Name _____ Relationship _____

Complete Address _____

Email Address _____

Phone (Day) _____ (Evening) _____ (Cell) _____

2. Name _____ Relationship _____

Complete Address _____

Email Address _____

Phone (Day) _____ (Evening) _____ (Cell) _____

3. Name _____ Relationship _____

Complete Address _____

Email Address _____

Phone (Day) _____ (Evening) _____ (Cell) _____

ALL VOLUNTEERS MUST COMPLETE FORM ON REVERSE

