

Volunteer Application



Date: _____

NBHD Manager/Staff Complete Below

NBHD Name/Number: _____

Position code & Age level: _____

Please type or print clearly (black or blue ink)

Personal Information

Name First	Middle Initial	Last	Social Security Number	Date of Birth
Present Address			Previous Married, Maiden or Birth Names	
City, State, Zip Code			Telephone Number	
E-mail Address				
Driver's License	Yes []	No []	State _____	DL # _____

Position Desired

List positions desired in order of preference.

Education (High School, College, Graduate School)

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

Training and Skills

Indicate those most relevant to the position you desire first.

Courses/Training	Agency	Place	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Hobbies & Skills

I am willing to take training offered as it relates to my volunteer position. Yes [] No []

Years as a registered Girl Scout _____ Adult _____ Girl _____

Volunteer Experience

List previous Girl Scout or other youth group experience first.

Name and Address	Year	Major Responsibilities
Position	_____	_____
Name and Address	Year	Major Responsibilities
Position	_____	_____
Name and Address	Year	Major Responsibilities
Position	_____	_____

Employed Experience

List most recent experience.

Employer's Name and Address _____

Position _____ Major Responsibilities _____

Dates Employed: From _____ To _____ Supervisor's Name _____

Reason for Leaving _____

List Three Persons Not Related to You Who Can Judge Your Qualifications for This Volunteer Position.

If you have previous experience as a volunteer, one reference should be from that organization(s).

Name _____ Relationship _____ Address _____ Telephone Number _____

Have You Ever Been Convicted of a Crime

(Other Than Traffic Violation)?

If yes, please state offense, date and location.
(A conviction record will not necessarily be cause
for disqualification.)

Yes No

Is There a Member of Your Household Who is a Registered Sex Offender or the Target of Any Protective Services Investigation?

If yes, please explain:

Yes No

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. Michigan Trails has my permission to contact my references and volunteer coordinators regarding my qualifications and abilities. I give my permission to Girl Scouts of Michigan Trails to do State of Michigan Criminal Background Checks while volunteering with GSMT.

Signature _____ Date _____

The Girl Scouts of Michigan Trails, in recognition of its responsibility to its volunteers, its staff and the girls it serves, and in keeping with the Girl Scouts of the USA's Affirmative Action Policies, reaffirms its policy to ensure fair and equal treatment, in all its practices, to all persons regardless of race, color, ethnicity, sex, religion, citizenship, national origin, height, weight, sexual orientation or marital status. There shall be no discrimination against an individual by reason of disability, age or socioeconomic status.

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