

CONTACT INFORMATION	Troop/Group #: _____ or Individual <input type="checkbox"/>	Service Unit: _____	iMIS ID# _____	MEMBERSHIP EXPIRATION		
	<input type="checkbox"/> New Member (first time registering) <input type="checkbox"/> Re-registering <input type="checkbox"/> Lifetime Membership (LTM update, no dues required)			MONTH	YEAR	
	<input type="checkbox"/> Male <input type="checkbox"/> Female Number of years in Girl Scouts as a girl: _____ as an adult: _____			Last name while girl member: _____		
	First Name: _____		Middle Name: _____	Last Name: _____		
	Mailing Address: _____			Apt. #: _____	PO Box: _____	
	City: _____		State: _____	Zip: _____	Phone: () () _____	
	<input type="checkbox"/> Check if this is a new address within the last year.		Previous Address: _____			
	<input type="checkbox"/> Check if your name has changed in the last year.		Previous Name: _____			
	Do you have a spouse or partner? <input type="checkbox"/> yes <input type="checkbox"/> no		Name: _____			
	E-mail*: _____			<i>* By providing your e-mail address on this form, you are confirming your permission to receive e-mails from the Girl Scouts.</i>		
Employer: _____		Position: _____	Work Phone: () () _____	Cell Phone: () () _____		

POSITIONS	Troop/Group #: _____	Position with Troop: (check only one)	<input type="checkbox"/> Troop Leader (01) <input type="checkbox"/> Assistant Troop Leader (02) <input type="checkbox"/> Troop Committee Member (03) <input type="checkbox"/> Troop Cookie Manager
	Troop/Group #: _____	Position with Troop: (check only one)	<input type="checkbox"/> Troop Leader (01) <input type="checkbox"/> Assistant Troop Leader (02) <input type="checkbox"/> Troop Committee Member (03) <input type="checkbox"/> Troop Cookie Manager
	Other Position/s (check all that apply):		<input type="checkbox"/> Service Unit Team Member (11) <input type="checkbox"/> Trainer (12) <input type="checkbox"/> STUDIO 2B Volunteer (13) <input type="checkbox"/> Special Service Adult (14) <input type="checkbox"/> Council President (15) <input type="checkbox"/> Council Board/Board Committee Member (16) <input type="checkbox"/> Council Nominating Committee Member (17) <input type="checkbox"/> Council Staff (21) <input type="checkbox"/> Campus Girl Scout (33)

MEMBERSHIP DATA	By completing the following optional questions, you can help ensure community support and funding for Girl Scouts. Girl Scouts respects and welcomes people from all backgrounds and abilities. This information is used for statistical purposes only. Thank you for providing the information requested.			
	Race/Ethnicity: (Complete A and B)	A. Are you Hispanic/Latino? <input type="checkbox"/> yes <input type="checkbox"/> no	B. Mark one or more:	<input type="checkbox"/> Black, African American <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian, Pacific Islander <input type="checkbox"/> Native American, American Indian, Alaskan Native <input type="checkbox"/> White, European American <input type="checkbox"/> Other: _____
	Please list any language/s other than English spoken in your home: _____		Birthdate: MM / DD / YYYY	
	I have the following disability/disabilities: <input type="checkbox"/> Developmental <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Other: _____ (Check all that apply)			
	Annual Household Income:	<input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$15,000 to \$34,999 <input type="checkbox"/> \$100,000 or more more	<input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999	

PAYMENT	<input type="checkbox"/> I would like to register as a Lifetime Member. My check for \$250 is enclosed/attached. <input type="checkbox"/> Please send me information about becoming a Lifetime Member.	
	<input type="checkbox"/> I am requesting assistance with the \$10 annual membership dues. I can pay \$ _____ toward the \$10 dues.	
	<input type="checkbox"/> I would like to contribute: (please check one) <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> Other: _____	I understand that my voluntary, tax-deductible gift will help support girls locally and will remain in the local council. (Please contact your employer to inquire about a matching gifts program. Your contribution could be doubled or tripled.)
	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card # _____ Exp. Date _____	
	Signature: _____ Date: _____	
I am willing to join Girl Scouts. I understand Girl Scouts of the USA (GSUSA) membership is \$10 per year. I have read the information above and have answered each question to the best of my ability.		
Signature: _____ Date: _____		

Data Privacy Policy: Girl Scouts is committed to respecting the privacy of our members. We do not sell or trade membership lists, contact information, or any other personal data about individual members for any reason.	
\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> CK#: _____ <input type="checkbox"/> Other: _____
Office Use Only: Date Received: _____	Initials: _____

Girl Scouts
 400 Robert Street South
 St. Paul, MN 55107
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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Number of years in Girl Scouts as a girl: _____ as an adult: _____		Last name while girl member: _____		
	First Name: _____		Middle Name: _____	Last Name: _____		
	Mailing Address: _____			Apt. #: _____	PO Box: _____	
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	<input type="checkbox"/> Check if this is a new address within the last year.		Previous Address: _____			
	<input type="checkbox"/> Check if your name has changed in the last year.		Previous Name: _____			
	Do you have a spouse or partner? <input type="checkbox"/> yes <input type="checkbox"/> no		Name: _____			
	E-mail*: _____			* By providing your e-mail address on this form, you are confirming your permission to receive e-mails from the Girl Scouts.		
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All volunteers who work with girls or handle money must complete this volunteer application.

SPECIAL NOTE: THIS FORM CONTAINS TREATED CARBONLESS PAPER, DETACH THE WHITE COPY OF FORM BEFORE WRITING IN THE SECTION BELOW

Volunteer Application

PLEASE PRINT CLEARLY IN INK.

APPLICANT INFORMATION	First Name:	Middle Name:	Last Name:
	Home Phone:	Cell Phone:	Work Phone:
	Previous Address:		
	Drivers License#:	State:	
	Do you have valid auto insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no	
	Have you ever been convicted of a crime? <input type="checkbox"/> yes <input type="checkbox"/> no (e.g., felony or misdemeanor including DWI, DUI, etc., but not including minor traffic violations or any convictions as a youth offender)		
If yes, please explain and provide year of conviction. An arrest or conviction will not necessarily be cause for disqualification. _____			

EXPERIENCE	Education/Training <i>(related to volunteer position desired)</i>
	Licenses/Certificates <i>(i.e., First Aid, Water Safety Instructor, etc.)</i>
	Previous Girl Scout Experience <i>(not necessary for appointment; may include years as girl member)</i>
	Community _____ Position _____ Dates _____
	Other Volunteer Experiences <i>(attach additional pages if necessary)</i>
	Community _____ Duties/Position _____ Dates _____
Community _____ Duties/Position _____ Dates _____	

REFERENCES	List three people, not related to you and not life partners, who have knowledge of your character, experiences and abilities. Provide these references with the Reference Check Form to be returned to council. The volunteer application process is complete when references are received.
	Name _____ Address _____
	City/State/Zip _____ Phone _____ How do you know? _____ How long? _____
	Name _____ Address _____
	City/State/Zip _____ Phone _____ How do you know? _____ How long? _____
	Name _____ Address _____
City/State/Zip _____ Phone _____ How do you know? _____ How long? _____	
This is an application for a volunteer position in Girl Scouting for which there is no monetary compensation. In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status, sexual orientation, or on any other basis prohibited by federal, state, or local law. I certify that all information on this application is true and complete. I authorize the Girl Scout council to check the references I have listed and investigate my background in order to verify the information I have provided. I further authorize my references to release information that they have about me. I understand that criminal background checks may be required by state or federal law for persons serving children. I understand that falsification or significant omissions of any information may be considered reasons for rejection of this application or dismissal from volunteer services. I also understand that acceptance for volunteer service is subject to verification of references. I will abide by the conduct of volunteers and the position description (if applicable) and agree to abide by the policies stated as a condition of my volunteer position.	
Signature: _____ Date: _____	

Complete and submit this form to your troop/group leader or mail it to council office at:

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