

# Adult Volunteer Staff Application

**For:** \_\_\_\_\_ **Day/Twilight Camp Date(s):** \_\_\_\_\_

**INSTRUCTIONS:** Complete this form (both sides!) and turn in with up to 6 children's Camp Registration and *notarized* Health History forms and fees or Individual Grant Request form(s) for each child listed below. A Criminal Background History Check Authorization should also be attached. **Day/Twilight Camp volunteers are appointed by the Day/Twilight Camp Director.**

Name: \_\_\_\_\_ Phone (h): (\_\_\_\_) \_\_\_\_\_ Phone (w): (\_\_\_\_) \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ from what state? \_\_\_\_\_

Ethnic (choose one):  American Indian/ Alaskan Native  Asian/ Pac. Islander  Black  White  
 Are you also of Spanish/ Hispanic origin?  Yes  No

**Current Adult Member of Girl Scouts of the U.S.A.?**  Yes  No (If "no", enclose \$10.00 GSUSA membership dues)

If "yes," complete the following: Position(s): \_\_\_\_\_ Troop #(s): \_\_\_\_\_ SU #: \_\_\_\_\_

**Outdoor Experiences?** Please describe. \_\_\_\_\_

**Age Level(s) You Prefer to Work With:** GIRL SCOUTS. . .  Daisy  Brownie  Junior  Cadette  
 Boys (age 5/older)  Pre-School (under 5)  Nursery  No Preference

(NOTE: Placement with your age preference cannot be guaranteed.)

**Complete/Check All the Following that Apply to You:**  RN/LVN  EMT/Paramedic  Licensed Physician Asst.

Troop Camp Trained / Date: \_\_\_\_\_  First Aid Trained / Date: \_\_\_\_\_  CPR Trained / Date: \_\_\_\_\_

Day Camp Trained / Date: \_\_\_\_\_ At which camp? \_\_\_\_\_

**Experience Working with Children (other than your own):** \_\_\_\_\_

List three references (not related to you) who can attest to your qualifications for this volunteer position. Give name and phone.

1. \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_
2. \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_
3. \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

Driver please provide copies of Driver's License and Insurance as copies of certifications.

Adult T-Shirt Size:  S  M  L  XL  XXL  XXXL (if available)

Have you ever been convicted of a crime or received deferred adjudication (other than a traffic violation)?  no  yes

If yes, please state offense, date & location. A conviction record will not necessarily disqualify. \_\_\_\_\_

**PLEASE READ AND SIGN.** I understand, upon appointment by the Camp director, that my commitment includes participation in **all** sessions of Camp staff training and performing my responsibilities to the best of my ability during the Camp session. I support the purpose of the Girl Scout Movement, accept the Girl Scout Promise and Law, and I am currently/ will become a registered adult member of Girl Scouts of the U.S.A. I understand that troops may not be placed together and parents are not routinely placed with their own children. I understand that appointment to a volunteer position is contingent upon the completion and review of a criminal background history check. I also agree that my photograph/video image may be used for promotional purposes by Girl Scouts of Tejas Council. I give my permission to use photos taken at camp for publicity.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Children (Max. 6)** that you are Registering for Camp. Indicate (G) Girl or (B) Boy. Please fill in all information.

G/B	AGE	NAME	PHONE	TROOP #	FEE
1.	_____	_____	(____) _____	_____	\$ _____
2.	_____	_____	(____) _____	_____	\$ _____
3.	_____	_____	(____) _____	_____	\$ _____
4.	_____	_____	(____) _____	_____	\$ _____
5.	_____	_____	(____) _____	_____	\$ _____
6.	_____	_____	(____) _____	_____	\$ _____

If not a current adult member of GSUSA, include \$10 dues \$ \_\_\_\_\_

and membership registration form

**TOTAL COMBINED FEE** (attached) \$ \_\_\_\_\_

**Complete Both Sides of Form**