

Girl Scouts Heart of the Hudson, Inc.

www.girlscoutshh.org email: info@girlscoutshh.org

Application for Adult Volunteer

General Information:					
Service Unit:	Date:				
County: School associated with:					
Name:					
Address:	Phone: (H)				
CityState Zip	(W)(Cell)				
E-mail Address: (please print)					
Occupation:(Bes	et time to call)				
Place of employment:					
Have you ever been a Girl Scout?Yes If yes, where and for how long?					
Are you active in professional, community or y Please list the organizations and describe you	ir involvement:				
Have you had previous experience with childr	•				
What are your hobbies, skills, areas of interest	t?				
What type of volunteer service interests you? Direct service with girls (Leader Other support to girls (Troop Come _ Community organization (Commu _ Training/Adult development _ Fund-raising (QSP Cookies Marketing _ Public relations/public speaking _ Organizing special events _ Office/clerical work _ Program activities _ Outdoor activities/camping _ Computer systems _ other List any speak	Assistant Leader) mittee Member) nity Leadership Team member) Annual Giving) ecialized skills/interests read write				
Is anyone in your family employed by an organ Matching Git	nization or corporation that has a: ft Program □ Volunteer Program □				
Organization name	Contact				
Telephoneer	mail				
	Please complete other side				

The Girl Scout Promise

On my honor, I will try to serve God and my country, to help people at all times, and to live by the Girl Scout Law.

The Girl Scout Law
I will do my best to be
honest and fair
friendly and helpful
considerate and caring
courageous and strong,
and responsible for
what I say and do; and
to respect myself and
others, use resources
wisely, make the world
a better place, and be a
sister to every
Girl Scout.

Volunteer Background Verification and References:

Girl Scouts Heart of the Hudson, Inc. is committed to ensuring that all girls involved in Girl Scouting are provided with opportunities to gain new skills, learn new ideas, value diversity and develop strong values in a SAFE and nurturing environment with caring and responsible adults. The following information is necessary to protect the girls, the other adults in Girl Scouting and the organization.

Have you ever been convicted of a crime (for example, a felony or misdemeanor including DWI, DUI, etc., but not including minor traffic violations or any conviction as a youthful offender)? A conviction will not necessarily be a barrier to your acceptance as a volunteer.

Yes No If yes, I	list offense, date, locatio	on and disposition of	any convictions:	
	unlawful acts; it is agains			of child abuse and neglect. Child male, to physically, sexually or
	es, list the crime(s) for w			n convicted of a child abuse crime? en convicted, the dates and the
Please list three refer	ences (other than relat	tives) that we may c	ontact.	
1. Name:		Relationship:		
Address:	City	State	ZIP	
Day Phone:	Night Phone:	Be	st time to call:	
2. Name:		Relationship:		
Address:	City	State	ZIP	
Day Phone:	Night Phone:	Bes	st time to call:	
3. Name:		Relationship:		
Address:	City	State	ZIP	
Day Phone:	Night Phone:	Bes	st time to call:	
	s true; false statements			es and identity. The information bted as a volunteer, I agree to abide by
Applicant's Signature: _			Date	
		Please complete	other side	
	L			

Dutchess and Ulster County Poughkeepsie Office 3 Neptune Road Poughkeepsie, NY 12601	Orange and Sullivan County Middletown Office 162 Bloomingburg Rd. Middletown, NY 10940	Rockland County New City Office 211 Red Hill Road New City, NY 10956	Westchester County Pleasantville Office 2 Great Oak Lane Pleasantville, NY 10570
P: 845.452.1810	P: 845.236.6002	P: 845.638.0438	P: 914.747.3080
F: 845.452.1878	F: 845.609.7251	F: 845.452.1878	F: 914.747.4263



Authorization and Consent for Release of Information Girl Scouts Heart of the Hudson, Inc.

Dear Applicant,

The review process of all applications to volunteer with the Girl Scouts Heart of the Hudson, Inc. includes searching for possible criminal records and validating social security numbers. Please sign and complete the information necessary below to process your request.

Consent:

I hereby consent and voluntarily authorize the Girl Scouts Heart of the Hudson, Inc. to obtain an independent criminal background report and social security number validation report. I further authorize GSHH to request and receive further pertinent information to my potential volunteer position from the references I have listed.

In the event that the results of the background verification affect my placement as a volunteer in the Girl Scouts, I understand that I will be made aware of the nature and scope of such investigation.

	l am a new volunte	eer with Girl Scouts Hea	rt of the Hudson, Inc	
Signature:				
Print Name: Last _		First	MI	
•	•	ppears on your identific	•	
		Zip:		For Office Use Only GSHH date application
Phone:	Email:		-	processed:
Previous address,	if at current addres	ss less than three years:		Results:
Address:				
City:	State:	Zip:	-	
	ust complete the ir w will be shredded		e that after the bac	kground check is completed, the
C	ate of birth:			
S	ocial Security Num	her:		