girl scouts
heart of the hudson

Girl Board Member Application

Girl Scouts Heart of the Hudson, Inc.
(Girls must be 16 years old by the application deadline)

All applications will remain confidential. Copies will only be given to the Selection Committee for review.

Name_____

Date of Birth (mm/dd/yy)_____

Phone_____ **E-mail**_____

Address_____
City_____ **Zip**_____
School_____

Current Grade_____ High School Graduation Date_____

Girl Scout Troop #_____ I am an individually-registered Girl Scout

Service Unit Name_____

Name of Parent/Guardian_____
Phone_____

Please attach the following:

1. Letter of recommendation from an adult other than a family member (teacher, counselor, etc.)

2. Letter of recommendation from troop leader/adult Girl Scout

3. Short biographical sketch that includes:

    a. Number of years in Girl Scouting

    b. Your Girl Scout experience (special awards, Program Aide, CIT, etc.)

    c. Extracurricular activities

    d. Your plans after high school

    e. Why do you want to be a girl member of the Board of Directors.

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Submit this form with the above items to:

GSHH| Attn: Amanda Benton, Program Manager| 3 Neptune Drive | Poughkeepsie, NY 12601

Fax: 845.452.1878 | abenton@girlscoutshh.org

Applicant:

I _____, understand that if selected as a Girl Board Member, I will serve a one-year term as an ex-officio member without voting privileges, to begin immediately after appointment. I further understand that I will be expected to attend the 2012 Annual Meeting, board orientation, and all subsequent board meetings. Council transportation to meetings is not provided. Any board member who is absent from three (3) consecutive entire board meetings without explanatory communication to the president shall be considered to have resigned and, upon approval by a majority vote of the board members present and voting at any regular meeting of the board of directors, shall be notified to this effect.

Applicant's signature_____
Date_____

Parent:

I _____, will support _____ in this role and ensure she has transportation to all required board member functions.

Parent/Legal Guardian's signature_____
Date_____

Submit Via Email

Print