

Adult Volunteer Application

Date: _____

Girl Scouts of NYPENN Pathways, Inc.

Personal Information

www.gsny penn.org

Legal Full Name: _____
 _____ (Last) _____ (First) _____ (M)

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Email Address: _____

Day Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

Interest Indicators

Why did you choose to volunteer with Girl Scouts? _____

Have you ever been a registered member of the Girl Scouts? _____ Yes _____ No

Number of Years as a Girl Member: _____ Number of Years as an Adult Member: _____

Position Desired

What type of volunteer work would you like to do? Check all that apply:

Girl Scout Pathways Direct Service to Girls:	Girl Scout Pathways Indirect Service to Girls:	Times Available to Volunteer:
Facilitate a Program	Fund Raising	Monday
Lead a Troop	Mentor Adults	Tuesday
Manage Product Sales	Public Speaking/Community Affairs	Wednesday
Mentor Girls	Facilitate/help with Program Events	Thursday
Teach a Skill: _____	Training/ Development of Adults	Friday
Work in the Outdoors	Work on an adult committee	Saturday
Transportation	Transportation	Sunday
Organize Special Events	Organize Special Events	
Parent Helper	Office/ clerical work	Morning
Other: _____	Computer Systems	Afternoon
	Other: _____	Evening

List any specialized skills/talents/interests: _____

Age group preferred (if relevant to position) _____

Have you ever worked with children? ____Yes ____No If yes, what age groups? _____

In which community, school, or area do you wish to volunteer? _____

Who recommended you to volunteer with Girl Scouts? _____

Language Skills other than English (if relevant to purpose of council) _____

Background Information - What is your educational background?

Name of School	Highest Year Completed	Degree/Credits

Other Training & Certificates	Completed	Expires

Volunteer Experience: List previous Girl Scout or other youth service first – Please provide accurate and complete information for all volunteer experience for the past ten years. You may attach additional sheets if necessary.

1. Organization Name: _____ Position: _____
 Address: _____
 Dates: from _____ to _____ Responsibilities: _____
 Supervisor's Name: _____ Telephone: _____

2. Organization Name: _____ Position: _____
 Address: _____
 Dates: from _____ to _____ Responsibilities: _____
 Supervisor's Name: _____ Telephone: _____

Employment Experience: Most recent experiences first – Please provide accurate and complete information for all employment (including temporary, part-time, self-employment, and unemployment for the past 10 years) Account for any gaps in employment. You may attach additional sheets if necessary.

1. Organization Name: _____ Position: _____
 Address: _____
 Dates: from _____ to _____ Reason For Leaving: _____
 Responsibilities: _____
 Supervisor's Name: _____ Telephone: _____

2. Organization Name: _____ Position: _____
 Address: _____
 Dates: from _____ to _____ Reason For Leaving: _____
 Responsibilities: _____
 Supervisor's Name: _____ Telephone: _____

Why background checks?

Girl Scouts is the premier youth leadership organization for girls. Girl safety is of the utmost importance; therefore, we check criminal history reports, driving history records, and the national sex offender registry. All volunteers entering the organization after 7/1/2009 will be screened prior to volunteering with the organization. Girl Scouts of NYPENN Pathways, Inc. will hold the information on this application as confidential. I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after volunteer work.

Have you ever been convicted of a crime? Yes* No *If yes, please provide details and attach to application
 Have you ever been known by another name? Yes * No *If yes, please provide other names with explanation for the name change and attach to application

Signature: _____ Date: _____



AUTHORIZATION AND RELEASE

I understand that the Girl Scouts of NYPENN Pathways, Inc., Intellicorp, Ltd. or other authorized third parties may be conducting a background check in connection with my volunteer application. This background check may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; motor vehicle records, including traffic citations and registration; and any other public records.

I understand that a background check may be performed by the Girl Scouts of NYPENN Pathways, Inc. or its representatives as a part of the volunteer application process, in order to evaluate my suitability for a volunteer position and is not conducted for any other purpose other than this. I understand that the information supplied by me shall be used solely for the purposes of obtaining information, validating or verifying information received, as a part of the background check.

I understand that the Girl Scouts of NYPENN Pathways, Inc. may rely on all or any part of this information in determining whether to continue my volunteer appointment. I further understand that if any adverse action is taken by the Girl Scouts of NYPENN Pathways, Inc. based upon any of this information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I, the undersigned volunteer, have read this Disclosure and by signing below, hereby authorize the Girl Scouts of NYPENN Pathways, Inc., its representatives, agents and authorized third parties, including Intellicorp, to conduct a background check, as described herein, in conjunction with my volunteer work and hereby release said parties from any and all liabilities related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with my volunteer appointment and a background check that may be performed. I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to the Girl Scouts of NYPENN Pathways, Inc., Intellicorp or their representatives and agents, in connection with this authorization and release. I voluntarily provide the below information in order to obtain, and verify records obtained, in the background check. I agree that a photocopy of this authorization shall have the same force and effect as the original.

Signature _____ Date _____

Printed Name _____
(first) (middle) (last)

Phone Number(____) _____ Email Address _____

Male _____ Female _____ I am a new volunteer this year _____ I am a returning volunteer this year _____

Current Physical Address: _____
(P.O. Box # not acceptable)

Maiden Names/Prior Names: _____

List former states & counties of residence along with dates: _____

**** THE INFORMATION SUPPLIED BELOW WILL BE DESTROYED UPON COMPLETION OF BACKGROUND CHECK ****

Social Security Number: _____ * **DOB:** _____
* Have you ever had another social security number? _____ Yes* _____ No (MM/DD/YYYY)
(If yes please list and explain why you had another social security number)