

## Section IX - Affirmation and Signature

### PLEASE READ AND SIGN BELOW BEFORE RETURNING IT TO YOUR COUNCIL DESIGNEE.

In signing this form, I affirm that the statements contained within are true and correct to the best of my knowledge.

I also affirm that I subscribe to the beliefs and principles of the Girl Scout Movement:

The Girl Scout program is an informal educational program designed to help girls put into practice the fundamental principles of the Girl Scout Movement as set forth in the Preamble. It is carried out in small groups with adult leadership and provides a wide range of activities developed around the interests and needs of girls.

Girl Scouting in the United States is part of a worldwide movement with members in more than 100 nations, banded together through the World Association of Girl Guides and Girl Scouts.

The spiritual force of the Movement and the ethical code accepted by all of its members are expressed in the Promise and Law. Although there are some variations in the wording used by members from different nations, the principles are the same.

In the United States, everyone who joins Girl Scouting makes the Girl Scout Promise.

#### **Girl Scout Promise**

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

#### **The 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  
respect authority  
use resources wisely  
make the world a better place  
and be a sister to every Girl Scout.

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, or any other basis prohibited by state or local law.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection or later dismissal.

I hereby authorize you to check all my educational, personal, and employment references; I further authorize these references to release to you any information needed.

I understand that state or federal law may require criminal background checks for persons working with children. Girl Scouts of Moccasin Bend Council will require a background check. **I agree to a criminal history records check and sex offender registry check by the Council or our vendor.** If required, I will submit a fingerprint sample.

***Please sign and date under the state where you reside. This is not an application for employment.***

#### **TENNESSEE**

(Reference is made to Tennessee  
Code Annotated Article 37-1-414, effective 1/1/94)

#### **GEORGIA**

(Reference is made to Georgia  
Code Annotated Article 549-5-110, effective 7/1/86)

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ TROOP # \_\_\_\_\_ S.U. \_\_\_\_\_ DATE \_\_\_\_\_

# volunteer application

**NO EXPERIENCE NECESSARY • TRAINING PROVIDED • GREAT BENEFITS • LIMITLESS REWARDS**



**Girl Scouts®**  
Where Girls Grow Strong<sup>SM</sup>

**Girl Scouts of Moccasin Bend Council**

P.O. Box 15969 (1936 Dayton Blvd.)

Chattanooga, TN 37415

423-877-2688 • 800-446-2472

Website: [www.mbgsc.org](http://www.mbgsc.org)

Email: [membership@mbgsc.org](mailto:membership@mbgsc.org)



**Return Application to:**Girl Scouts of Moccasin Bend Council  
P.O. Box 15969 • Chattanooga, TN 37415**Please Print Clearly** (This is not an application for employment)**Section I - Personal Data**

Mr. / Mrs. / Ms. \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m.i.)  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell or other \_\_\_\_\_  
Business Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_ Health concerns or special needs \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Do you plan to use your own vehicle for Girl Scout activities?  Yes  No  
Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_  
Auto Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Section II - List previous address if at present address less than 5 years.**

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section III - Volunteer Interests**

What type of volunteer service interests you?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Working directly with girls | <input type="checkbox"/> Training adults             | <input type="checkbox"/> Other support to girls    |
| <input type="checkbox"/> Program activities          | <input type="checkbox"/> Fundraising                 | <input type="checkbox"/> Outdoor activities        |
| <input type="checkbox"/> Marketing                   | <input type="checkbox"/> Public Relations / Speaking | <input type="checkbox"/> Organizing special events |
| <input type="checkbox"/> Office / Clerical work      | <input type="checkbox"/> Other _____                 |  |

Interests / Hobbies \_\_\_\_\_

Position desired \_\_\_\_\_ Troop Meeting Location \_\_\_\_\_

**Section IV - Work Experience**

Current Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ (Street, City, State, Zip)

**Section V - Education**

College / University \_\_\_\_\_ Degree \_\_\_\_\_

High School \_\_\_\_\_ Diploma:  Yes  No

Technical Training / Other \_\_\_\_\_ Language skills other than English \_\_\_\_\_

**Section VI - Volunteer Experience / Business, Civic, Professional or Fraternal Memberships**

Volunteer Position \_\_\_\_\_ Organization \_\_\_\_\_ Dates \_\_\_\_\_

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Volunteer Position \_\_\_\_\_ Organization \_\_\_\_\_ Dates \_\_\_\_\_

## Section VII - Confidential Information

### PLEASE READ CAREFULLY:

We at the Girl Scouts of Moccasin Bend Council request the following information because of our dedication and commitment to the girls that we serve. All youth-serving organizations must take reasonable precautions when appointing adults who work directly with children. This confidential section contains information required by current legislation and Girl Scout safety regulations. This application is confidential and is for internal use only. Thank you for your time in completing this application. This is not an application for employment.

Have you ever been convicted of a crime?  Yes  No  
*(A conviction record will not necessarily be cause for disqualification)*  
If yes, state offense, date and location \_\_\_\_\_

Have you ever been convicted for the use or sale of illegal drugs?  Yes  No

Have you ever been arrested or convicted of child neglect or abuse?  Yes  No

Is there anyone in your household who is a Registered Sex Offender?  Yes  No

Is there any fact or circumstances involving you personally that would prohibit you from working with girls?  Yes  No

If yes, explain \_\_\_\_\_

## Section VIII - References

A reference should be a person (**not related to you**) who is familiar with your qualifications and/or experiences as they relate to work with youth and adults. **Please provide three references.**

### (1)

Mr. / Mrs. / Ms. (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_ (last) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

### (2)

Mr. / Mrs. / Ms. (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_ (last) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

### (3)

Mr. / Mrs. / Ms. (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_ (last) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email \_\_\_\_\_ Relationship to applicant \_\_\_\_\_