



Reason for completing this application: _____

Girl Scouts of Greater Iowa VOLUNTEER APPLICATION

Attn: Director, Adult Learning Enhancement, 10715 Hickman Rd., Des Moines, IA 50322
1-800-342-8389 or (FAX) 515-278-5988

Thank you for your interest in volunteering with Girl Scouts of Greater Iowa ("GSGI"). Just a few simple steps will start your "invaluable" volunteer experience. Step 1: Complete and sign this application authorizing GSGI to verify references and complete a criminal background check. Step 2: Return this completed application by mail or in person to the address listed above. For the protection of the girls we serve, GSGI requires all adult members working directly with girls and/or handling money to complete a Volunteer Application. Step 3: Register as an Adult Member of Girl Scouts of the USA.

Processing this application should be completed within two weeks of receipt. For volunteers working directly with girls, please understand that you will not be meeting with girls until GSGI has processed your application and notified you of your approved volunteer status. If you have not been contacted within two weeks of submitting your application, please call the Director of Adult Learning Enhancement for an update.

Name: _____ Age Category: 18-20 21-29
 30-49 50 +
 First Middle Last

Address: _____
 Street City/State Zip Code

Phone: _____
 Home Business Cell

E-Mail Address: _____

Emergency Contact: _____ / _____
 Name & Relationship Phone #

Do you have a valid state driver's license Yes No License #: _____ State _____

Vehicle Insurance Carrier: _____ Insurance Policy #: _____

I am interested in volunteering as a: Program Volunteer Assistant Leader/Advisor
 Troop Committee Member Fall Product Volunteer
 Leader/Advisor Cookie Program
 Not sure Other: _____

I would like to volunteer at:
Community _____ School _____ Grade _____ or Troop # _____

EMPLOYMENT/VOLUNTEER EXPERIENCE (business, church, club, school etc.)

Employer/Organization	Position	Dates	Supervisor/Contact

Do you have any of the following experience? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Working with girls ages 5-17 | <input type="checkbox"/> Record keeping | <input type="checkbox"/> Making presentations |
| <input type="checkbox"/> Working with adults in groups | <input type="checkbox"/> Office skills | <input type="checkbox"/> Motivating others to get involved |
| <input type="checkbox"/> Working with adults individually | <input type="checkbox"/> Youth recreational activities | <input type="checkbox"/> Money management |
| <input type="checkbox"/> Fund Development | <input type="checkbox"/> Writing | <input type="checkbox"/> Outdoor skills |

List Current Certifications (i.e. First Aid/CPR, etc):

REFERENCES – Please provide two current references.

Name	Home/Business Address	Relationship	Telephone & Email

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 on any other basis prohibited by federal, state, or local law. **GSGI does not appoint individuals as volunteers if you are a convicted felon, a registered sex offender, or have a registered sex offender living in your household.**

CONFIDENTIAL INFORMATION. Please answer the following questions:

1. Have you ever been convicted of a crime other than a minor traffic offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is a member of your household a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently or have you ever been under treatment for alcoholism, drug addiction or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect? (regardless of whether the incident was confirmed or denied)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to questions 1, 3, or 4 please attach a separate sheet of paper with an explanation for each. I understand that I must inform GSGI, or its successor organization, of any change in the answers to questions 1-4.

As a volunteer, I understand that I am not an employee of GSGI and that I am not entitled to receive salary, benefits, or other compensation. I understand that I do not qualify for workers' compensation benefits and that I am expected to carry personal medical insurance to cover medical expenses for any injuries I incur while performing volunteer services.

As a volunteer, I agree to behave in a responsible manner and will not smoke, drink alcoholic beverages, or use profanity or abusive language.

Signature

Date



AUTHORIZATION TO RELEASE

I hereby authorize GSGI to check all my volunteer, personal, and employment references; I further authorize these references to release to GSGI or its successor organization information that they have about me. I certify that the answers given here are true and complete to the best of my knowledge. I authorize GSGI, or its successor organization, and IntelliCorp to complete a criminal history and sex offender record check as received from the reporting agencies and authorized investigators. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with GSGI. I also understand that as long as I remain a volunteer for GSGI or its successor organization, the criminal history and sex offender records check may be repeated at any time. I understand that if GSGI chooses not to extend a volunteer appointment or to dismiss me based on the report that I will receive a Summary of My Rights Under the Fair Credit Reporting Act and contact information for the reporting agency, IntelliCorp.

A. I, the undersigned, do hereby release any and all investigators, including GSGI or its successor organization, from any and all liability related to the procurement or disclosure of information provided by me or obtained about me in connection with my background check. I direct and authorize investigators to conduct the background check and further authorize any third parties who may be the custodians or in possession of the required information, to disclose such information to the investigators. I agree to hold GSGI or its successor organization harmless and to indemnify it from any such cases of action, charges, liabilities, claims and demands that might be made related to the background check.

B. I agree to release GSGI and its officers, employees, agents, and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property, that I may incur due to the negligence of GSGI, its officers, employees, agents, and representatives or others due to accidental occurrences while engaging in volunteer activities.

I understand that my Social Security Number on the background records check will not be used for anything other than the background check.

Name: _____
First Middle Last

Address: _____
Street City/State Zip Code

Former Last Names: _____

Date of birth: ___/___/_____ Social Security Number: _____

Gender: Female Male

My signature below indicates that I have read, understand and consent to the above statements.

Signature Date

For Office Use Only: Date Received _____ CBC Completed _____ Interview Completed _____
Volunteer ___ Approved ___ Denied ___ Appointment date _____ Position Code _____
Service Unit _____ Troop# _____