Girl Scouts-Western Oklahoma, Inc.
121 NE 50th, Oklahoma City, OK 73105
(405) 528-3535 (or) 1-800-698-0022, Fax (405) 528-4475

Office use only:
BACKGROUND _____
ASSIGNED _____

VOLUNTEER APPLICATION

Please print clearly. Fill out front and back completely
PERSONAL INFORMATION

Name:_____ Returning Yes No

Maiden name or any other name used:_____

Address:_____
Street City State Zip

Phone #'s:_____ _____ _____
Daytime Evening Cell

If applicable—Troop # Service Unit # E-mail_____

Please mark the area you are interested in:

Girl Scout Pathways
Direct Service to Girls:

- ☐ Facilitate a program
- ☐ Lead a troop
- ☐ Manage program sales
- ☐ Mentor girls
- ☐ Teach a skill
- ☐ Troop volunteer
- ☐ Work in the outdoors
- ☐ Transportation
- ☐ Organize special events
- ☐ In-School Program
- ☐ Other

Girl Scout Pathways
Indirect Service to Girls:

- ☐ Fund-raising
- ☐ Manage troop sales program
- ☐ Mentor adults
- ☐ Public speaking/community affairs
- ☐ Staff program events
- ☐ Training/development of adults
- ☐ Work on an adult committee
- ☐ Transportation
- ☐ Organize special events
- ☐ Office/clerical work
- ☐ Computer Systems
- ☐ Other

Time(s) available to volunteer: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

☐ Morning ☐ Afternoon ☐ Evening

REFERENCES

List 2 local references ***not related to you***, who can speak to your qualifications for this volunteer position. If you have previous experience as a volunteer, one reference should be from that organization. If you have moved from another city/state, please provide a reference from there. Please complete references entirely.

1._____

Name Relationship Phone

_____

Address/City/State/Zip E-Mail Address

2._____

Name Relationship Phone

_____

Volunteer Experience

Organization: Position: Length of Time:

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What position (s) did you enjoy?_____

_____

Would you consider sharing a talent, training or workshop? If yes, please describe_____

_____

Employment

Employer:_____ Your Title:_____

Work Phone: _____Ext._____ Years Employed_____

Please indicate if your employer provides a volunteer match program or community service partnership to employees. (possible contact)

Have you ever been convicted of a felony? No_____ Yes_____

Have you ever been convicted of a felony in another name? No_____ Yes_____

If yes, what name (s):_____

(Conviction **is not** an automatic bar to service. Circumstances will be considered, including the nature of the crime and length of time since conviction.)

Please Continue Onto The Next Page

BACKGROUND CHECK AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I understand that the preappointment background check requires my full name, date of birth, driver's license number, and Social Security Number. I understand that the information I have provided may be verified by contacting persons or organizations listed in this application, or by contacting any person or organization that may have information concerning me.

I hereby consent and voluntarily authorize Girl Scouts-Western Oklahoma, Inc. to obtain an independent criminal background report and Social Security Number validation report. I further authorize said council to request or receive information including motor vehicle reports, past employment and education records, and/or references from any persons, schools, or previous employers only if pertinent to my potential work as a volunteer. I further understand that a credit report may be requested if my assignment includes the handling of money.

I certify that the entries made by me in this form are true, complete, and accurate to the best of my knowledge, and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for volunteer services or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from volunteer opportunities with the Girl Scouts-Western Oklahoma, Inc.

I further understand that I will receive a complete and accurate disclosure of the nature and scope of the background verification, in the event such investigation negatively affects my placement as a volunteer.

Signature: _____ Date:___/___/___

After the background check is completed, the information below will be destroyed.

Print your name here _____

Driver's License Number_____

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

Male_____ Female_____