

**Girl Scouts of the Jersey Shore, Inc.**  
 242 Adelpia Road  
 Farmingdale, New Jersey 07727  
 T: 732-938-5454 ext. 127 F: 732-938-4425  
 W: [www.girlscoutsjs.org](http://www.girlscoutsjs.org)  
 Attn: Day Camp Director

### Girl Scout Day Camp Volunteer Application

<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.
Name _____			
Address _____			
City _____	State _____	Zip _____	
Phone – Daytime ( ) _____	Evening ( ) _____	Other ( ) _____	
E-mail address: _____			
Social Security # _____			
Current Occupation _____			
Other States of Residence in Past 5 Years _____			
I am presently a registered Girl Scout Member <input type="checkbox"/>		I will register as a Girl Scout member <input type="checkbox"/>	

**Recent Employed Experience:**

Position	Organization Name & Location	Dates
_____	_____	_____
_____	_____	_____

**Volunteer & Other Organizational Involvement:**

Position	Organization Name & Location	Dates
_____	_____	_____
_____	_____	_____

List any previous Girl Scout Experience:	When:
_____	_____
_____	_____

Interests: (special training, talents, skills or hobbies)	When:
_____	_____
_____	_____

**BACKGROUND:**

*For the protection of the children we serve, Girl Scouts of the Jersey Shore, Inc. requests the following information from all volunteers working with children. Thank you for your help in providing the safest environment possible for our youth.*

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? Yes  No

If yes, please indicate offense, date, location and case number. Provide a detailed description of the offense. Attach additional sheet if necessary.

(A conviction will not necessarily be cause for disqualification).

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**REFERENCES:**

LIST THREE PERSONS (NON-RELATIVES) WHO ARE FAMILIAR WITH YOUR QUALIFICATION FOR GIRL SCOUT SERVICE. THEY ARE THE PEOPLE TO WHOM YOU WILL PROVIDE REFERENCE FORMS.

NAME	ADDRESS	CITY	ZIP	PHONE	RELATIONSHIP

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.

Date \_\_\_\_\_

Candidate signature \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

References checked by \_\_\_\_\_ Date \_\_\_\_\_

Volunteer weeks agreed to work \_\_\_\_\_ Appointment letter sent (Date) \_\_\_\_\_

OR

Volunteer declined (Date) \_\_\_\_\_ Explain \_\_\_\_\_

Additional Comments:



GIRL SCOUTS® Girl Scouts of the Jersey Shore