



# 2011-2012 Adult Member Registration Form

WHITE COPY - RIVER VALLEYS OFFICE • YELLOW COPY - TROOP LEADER • PINK COPY - VOLUNTEER MANAGEMENT

PLEASE PRINT CLEARLY IN INK.

<b>CONTACT</b>	Troop #: _____ or Individual <input type="checkbox"/>		Service Unit: _____		ID# _____	<b>MEMBERSHIP EXPIRATION</b>
	<input type="checkbox"/> New Member (first time registering) <input type="checkbox"/> Re-registering <input type="checkbox"/> Lifetime Membership (LTM update, no dues required)					<b>9 - 30 - 2012</b>
	<input type="checkbox"/> Female <input type="checkbox"/> Male		Number of years in Girl Scouts as a girl: _____ as an adult: _____			
	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		Last name while girl member: _____			
	First Name: _____		Middle Name: _____		Last Name: _____	
	Mailing Address: _____				Apt. #: _____	PO Box: _____
	City: _____		State: _____	Zip: _____	Phone: (   ) _____	
	<input type="checkbox"/> Check if this is a new address within the last year.		Previous Address: _____			
	<input type="checkbox"/> Check if your name has changed in the last year.		Previous Name: _____			
	Do you have a spouse or life partner? <input type="checkbox"/> yes <input type="checkbox"/> no		Name: _____			
E-mail*: _____					<small>* By providing your e-mail address/cell number on this form, you are giving permission for Girl Scouts to send you notifications. Message and data rates may apply.</small>	
Employer: _____		Position: _____		Work Phone: (   ) _____	Cell Phone*: (   ) _____	

<b>POSITIONS</b>	Troop #: _____		Position with Troop: (check only one)	<input type="checkbox"/> Troop Leader (01) <input type="checkbox"/> Assistant Troop Leader (02)	<input type="checkbox"/> Troop Committee Member (03) <input type="checkbox"/> Troop Cookie Manager
	Troop #: _____		Position with Troop: (check only one)	<input type="checkbox"/> Troop Leader (01) <input type="checkbox"/> Assistant Troop Leader (02)	<input type="checkbox"/> Troop Committee Member (03) <input type="checkbox"/> Troop Cookie Manager
	Other Position/s (check all that apply):		<input type="checkbox"/> Non Troop Affiliated Volunteer (14) <input type="checkbox"/> Council Staff (21) Exempt <input type="checkbox"/> Service Unit Team Member (11) <input type="checkbox"/> Council Board/Board Committee Member (16) <input type="checkbox"/> Council Staff (22) Non-exempt <input type="checkbox"/> Trainer (12) <input type="checkbox"/> Council Nominating Committee Member (17) <input type="checkbox"/> Other: _____		

By completing the following optional questions, you can help ensure community support and funding for Girl Scouts. Girl Scouts respects and welcomes people from all backgrounds and abilities. This information is used for statistical purposes only. Thank you for providing the information requested.

<b>MEMBERSHIP DATA</b>	Race/Ethnicity/Language (Complete A, B & C)		<b>A. Mark one or more:</b> <input type="checkbox"/> African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black or African American		<b>B. Are you Hispanic/Latino?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	
			<b>C. <input type="checkbox"/> First language, if not English: _____</b>			
	Birthdate:    MM / DD / YYYY		My age range is: <input type="checkbox"/> 18 - 29 <input type="checkbox"/> 30 - 49 <input type="checkbox"/> 50 +			
	I have the following disability/disabilities: <input type="checkbox"/> Developmental <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Other: _____ <small>(Check all that apply)                      If you need special accommodations please contact River Valleys at 800-845-0787.</small>					
Annual Household Income:		<input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$100,000 or more			# of people in household _____	

<b>PAYMENT</b>	<input type="checkbox"/> I would like to register as a Lifetime Member. My check for \$300 is enclosed/attached. <input type="checkbox"/> Please send me information about becoming a Lifetime Member.	
	<input type="checkbox"/> I am requesting assistance with the \$12 annual membership dues. I can pay \$_____ toward the \$12 dues.	
	I am willing to join Girl Scouts. I understand Girl Scouts of the USA (GSUSA) membership is \$12 per year. I have read the information above and have answered each question to the best of my ability. Checks accepted only upon condition customer agrees if any check is returned unpaid, a \$30 service fee will be added to all dishonored checks. A debit for the amount of the check and the \$30 service fee may be processed electronically without further notice to customer. Additional civil penalties may be imposed on checks returned for non payment after 30 days. Collection Resources 800-950-7188.	
Signature: _____		Date: _____

**Data Privacy Policy:** Girl Scouts is committed to respecting the privacy of our members. We do not sell or trade membership lists, contact information, or any other personal data about individual members for any reason.

\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> CK#:	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Grant: _____
<input type="checkbox"/> Camp <input type="checkbox"/> Event <input type="checkbox"/> Series <input type="checkbox"/> Travel <input type="checkbox"/> Troop <input type="checkbox"/> Virtual				
<b>Office Use Only:</b> Date Received: _____		Initials: _____	iMIS: _____	

All volunteers who work with girls or handle money must complete this volunteer application.

First Name: Middle Name: Last Name: **Volunteer Application**

Current Address: City, State, Zip: PLEASE PRINT CLEARLY IN INK.

Driver's License #: State:

Phone: ( ) E-mail:

Do you have valid auto insurance? yes no Are you 18 years of age or older? yes no

Have you ever been convicted of a crime? yes no (e.g., felony or misdemeanor including DWI, DUI, etc., but not including minor traffic violations or any convictions as a youth offender)

If yes, please explain and provide year of conviction. An arrest or conviction will not necessarily be cause for disqualification.

Education/Training (related to volunteer position desired):

**SPECIAL INTEREST VOLUNTEERS**

We maintain a database of individuals interested in flexible volunteer opportunities. This is a different opportunity than being a leader. You will be contacted as volunteer opportunities in your specified areas of talent(s) and/or interest arise, and you decide if the opportunity, time and location work for you.

Would you like to be added to our Special Interest Database yes no (If yes, please complete below)

I am interested in providing general help at events, special troop projects, or field trips.

I am interested in sharing a special talent, skill, or interest. Please list:

- 
- 

**List three people, not related to you and not life partners, who have knowledge of your character, experiences, and abilities.**

Name: Address:

City/State/Zip: Phone: E-mail:

Name: Address:

City/State/Zip: Phone: E-mail:

Name: Address:

City/State/Zip: Phone: E-mail:

REFERENCES

This is an application for a volunteer position in Girl Scouting for which there is no monetary compensation. 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, sexual orientation, or on any other basis prohibited by federal, state, or local law. I certify that all information on this application is true and complete. I authorize the Girl Scout council to check the references I have listed and investigate my background in order to verify the information I have provided. I further authorize my references to release information that they have about me. I understand that criminal background checks may be required by state or federal law for persons serving children. I understand that falsification or significant omissions of any information may be considered reasons for rejection of this application or dismissal from volunteer services. I also understand that acceptance for volunteer service is subject to verification of references. I will abide by the conduct of volunteers and the position description (if applicable) and agree to abide by the policies stated as a condition of my volunteer position.

Signature: Date:

Complete and submit this form to your troop leader, service unit volunteer or mail to

Attention: Registration Department
400 Robert Street South
St. Paul, MN 55107