

2009-2010 Adult Member Registration Form

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

PLEASE PRINT CLEARLY IN INK.

CONTACT INFORMATION	Troop #: _____ or Individual <input type="checkbox"/> Service Unit: _____ ID# _____	MEMBERSHIP EXPIRATION		
	<input type="checkbox"/> New Member (first time registering) <input type="checkbox"/> Re-registering <input type="checkbox"/> Lifetime Membership (LTM update, no dues required)		MONTH: 10	YEAR: _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Number of years in Girl Scouts as a girl: _____ as an adult: _____	Last name while girl member: _____	
	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.			
	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*: _____			<i>* By providing your e-mail address on this form, you are confirming your permission to receive e-mails from the Girl Scouts.</i>	
Employer: _____	Position: _____	Work Phone: () _____	Cell Phone: () _____	

POSITIONS	Troop #: _____	Position with Troop: (check only one)	<input type="checkbox"/> Troop Leader (01)	<input type="checkbox"/> Troop Committee Member (03)
			<input type="checkbox"/> Assistant Troop Leader (02)	<input type="checkbox"/> Troop Cookie Manager
	Troop #: _____	Position with Troop: (check only one)	<input type="checkbox"/> Troop Leader (01)	<input type="checkbox"/> Troop Committee Member (03)
		<input type="checkbox"/> Assistant Troop Leader (02)	<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)	
<input type="checkbox"/> Service Unit Team Member (11)	<input type="checkbox"/> Council Board/Board Committee Member (16)	<input type="checkbox"/> Campus Girl Scout (33)		
<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.

MEMBERSHIP DATA	Race/Ethnicity: (Complete A and B)	A. Are you Hispanic/Latino? <input type="checkbox"/> yes <input type="checkbox"/> no	B. Mark one or more:	<input type="checkbox"/> Black, African American	<input type="checkbox"/> Native American, American Indian, Alaskan Native
			<input type="checkbox"/> African	<input type="checkbox"/> White, European American	
			<input type="checkbox"/> Asian	<input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Native Hawaiian, Pacific Islander		
	Birthdate: MM / DD / YYYY				
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: _____ (Check all that apply) Accommodations requested: _____					
My age range is: <input type="checkbox"/> 18 - 22 <input type="checkbox"/> 23 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 and older					
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					

PAYMENT	<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.
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.

\$ _____ Cash CK#: _____ Other: _____ Grant: _____

Office Use Only: Date Received: _____

Initials: _____

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

Volunteer Application

PLEASE PRINT CLEARLY IN INK.

APPLICANT INFORMATION	First Name:	Middle Name:	Last Name:
	Current Address:		City, State, Zip:
	Driver's License #:		State:
	Phone : ()	E-mail:	
	Do you have valid auto insurance? <input type="checkbox"/> yes <input type="checkbox"/> no Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no		
Have you ever been convicted of a crime? <input type="checkbox"/> yes <input type="checkbox"/> no <i>(e.g., felony or misdemeanor including DWI, DUI, etc., but not including minor traffic violations or any convictions as a youth offender)</i>			
If yes, please explain and provide year of conviction. An arrest or conviction will not necessarily be cause for disqualification. _____			
Education/Training <i>(related to volunteer position desired)</i> : _____			

SPECIAL INTEREST	SPECIAL INTEREST VOLUNTEERS
	<p>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.</p> <p>Would you like to be added to our Special Interest Database <input type="checkbox"/> yes <input type="checkbox"/> no <i>(If yes, please complete below)</i></p> <p><input type="checkbox"/> I am interested in providing general help at events, special troop projects, or field trips.</p> <p><input type="checkbox"/> I am interested in sharing a special talent, skill, or interest. Please list: _____</p>

REFERENCES	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	<p>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.</p>
	Signature: _____ Date: _____

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

**Attention: Volunteer Development Manager
5601 Brooklyn Blvd.
Brooklyn Center, MN 55429**



Girl Scouts®
Minnesota and Wisconsin
River Valleys

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