



**SPECIAL NOTE: THIS FORM CONTAINS TREATED CARBONLESS PAPER, DETACH THE WHITE COPY OF FORM BEFORE WRITING IN THE SECTION BELOW**

## Interest Indicator

PLEASE PRINT CLEARLY IN INK.

INTEREST INDICATOR	How would you like to participate in Girl Scouts? <input type="checkbox"/> In a troop <input type="checkbox"/> as an independent Juliette Girl Scout (if checked, skip to next section)	Check the best times when you and/or your girl can participate: <b>Note:</b> This information assists troop/group placement and does NOT guarantee a specific meeting time.						
	Where is the most convenient meeting location for you? <input type="checkbox"/> Near Home <input type="checkbox"/> Near School <input type="checkbox"/> No Preference	MON	TUE	WED	THU	FRI	SAT	SUN
	Additional comments or questions:	Morning						
		Afternoon						
After School								
Evening								
<b>YOUR HELP IS NEEDED:</b> <b>Girl Scouting in your community is possible because of the help of adult volunteers. Please check the ways you might be able to help. Training is provided for all volunteers.</b>								
<input type="checkbox"/> Troop or Co-Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> Cookie Manager <input type="checkbox"/> Camping/Outdoor Specialist <input type="checkbox"/> Driver/Trip Chaperone <input type="checkbox"/> Work with Adults Only <input type="checkbox"/> Leader's Meeting Representative <input type="checkbox"/> Trainer <input type="checkbox"/> Special Events/Trip Planner <input type="checkbox"/> Other (specify):								

FOR VOLUNTEER/STAFF	<b>For Volunteer/Staff Use Only (for troop placement):</b>		
	<input type="checkbox"/> Placed in new troop #:	<input type="checkbox"/> Placed in existing troop #:	
	<input type="checkbox"/> Wants troop, but unable to place. Needs follow up.		
	<input type="checkbox"/> Referred to (check all that apply): <input type="checkbox"/> Juliettes <input type="checkbox"/> Camp		
	Notes:		
Completed by:	Position:	Date:	



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