

GIRL SCOUT SHOP

Volunteer Program Application



APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address					Apartment/Unit #	
City		State		ZIP		
Phone		E-mail Address				
Date Available	Days/Times Available: TUES THUR			I SAT		
Position Applied for						
Have you ever volunteered for this organization?		J NO	If so, when?			

EDUCATION

EDUCATION						
Elementary School:	From	То				
Awards/Recognition:						
Middle School:	From	То				
Awards/Recognition:						
High School:	From	То				
Awards/Recognition:						

PREVIOUS EXPERIENCE/LEADERSHIP OPPORTUNITIES
Description of Experience/Activity
Date
What Role Did You Play?
Responsibilities
Skills Learned
Description of Experience/Activity
Date
What Role Did You Play?
Responsibilities
Skills Learned

LIST COMMUNITY SERVICE PROJECTS YOU'VE PARTICIPATED IN

Description of Experience/Activity

Date
What Role Did You Play?
Responsibilities:
Skills Learned:
Description of Experience/Activity:
Date
What Role Did You Play?
Responsibilities
Skills Learned

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to appointment as a Volunteer Junior Sales Specialist, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date					
My daughter has permission to participate in the GSGCF Junior Sales Specialist Program						
Parent/Guardian Signature	Date					

SUBMIT APPLICATION

Girl Scouts of Gulfcoast Florida, Inc.

4780 Cattlemen Road Sarasota, FL 34233 941-921-5358 or 800-232-4475

www.gsgcf.org