



Return Complete Form to:
 Girl Scouts—Dakota Horizons
 1101 S Marion Road, Sioux Falls, SD 57106
 605-336-2978 or 800-666-2141 Fax 605-336-6841
 www.gsdakotahorizons.org

VOLUNTEER APPLICATION

Volunteers are selected on the basis of their ability to perform and willingness to accept the Girl Scout Promise and Law.

Girl Scouts—Dakota Horizons prohibits discrimination against any volunteer or volunteer applicant because of that persons' race, color, creed, religion, ancestry, sex, national origin, disability, age, sexual orientation, marital status, and status with regard to public assistance, or any other legally protected status. All adult volunteers must register and pay annual dues. **NEW volunteers must receive written approval from Girl Scouts—Dakota Horizons before assuming any role or meeting with girls.**

CHECK ONE: New Volunteer or Returning Volunteer – If returning, please indicate years of service _____
 Have you completed an Adult Membership Registration and paid your annual membership dues? Yes No

VOLUNTEER INFORMATION (PLEASE PRINT)

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

How long at this address? _____ Phone (Day) _____ (Evening) _____ (Cell) _____

Other Names Used: _____

E-mail Address _____

Best Times and Days to Contact _____

Check Desired Position: Group/Troop Volunteer Co-Volunteer Group/Troop Helper Cookie/Nut Volunteer Other –
 please list _____ Group/Troop # _____

***** NEW volunteers applying to be a Group/Troop Volunteer or Co-Volunteer must complete the following reference section*****

REFERENCES:

List 3 persons, not related to you, who can judge your qualifications for this position. If you have previous experience as a volunteer, one reference should be from that organization. **Please provide complete addresses and phone numbers (work number if applicable) and notify references they will be contacted.**

1. Name _____ Relationship _____
 Complete Address _____
 E-mail Address _____
 Phone (Day) _____ (Evening) _____ (Cell) _____
2. Name _____ Relationship _____
 Complete Address _____
 E-mail Address _____
 Phone (Day) _____ (Evening) _____ (Cell) _____
3. Name _____ Relationship _____
 Complete Address _____
 E-mail Address _____
 Phone (Day) _____ (Evening) _____ (Cell) _____

ALL VOLUNTEERS MUST COMPLETE FORM ON REVERSE

