

Girl Scouts of NOARK Council, Inc.

2080 E. Joyce Blvd.
Fayetteville, AR 72703
(479) 695-1818 (800) 299-3914 Fax: (479) 695-1824
www.girlscoutsofnoark.org

School _____
City _____
Troop # _____
Age Level _____

Volunteer Position Application

Membership in Girl Scouting is voluntary. Girl Scouts of NOARK Council is committed to Affirmative Action, therefore all applications will be considered without regard to race, color, ethnicity, sex, creed, national origin, socioeconomic status, disability, or age.

Name: _____
(Last) (First) (Middle)

Address: _____ Birth Date: _____
(Street) (City) (Zip)

Phone # (Day) _____ (Evening) _____ E-mail _____

EMPLOYMENT EXPERIENCE List present or most recent experience first.

1) _____
Employer's name and address Position Major Responsibilities

Employment dates Reason for leaving Supervisor Telephone #

2) _____
Employer's name and address Position Major Responsibilities

Employment dates Reason for leaving Supervisor Telephone #

EDUCATION

Name of School (high school, college, graduate school)	Date	Highest Grade Completed / Degree or Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER EXPERIENCE

List previous Girl Scout or Youth Group experiences first. List names of organization, your position, dates and phone number.

Organization Name: _____ Contact Person: _____
Position: _____ Dates: From _____ to _____ Phone: _____

Organization Name: _____ Contact Person: _____
Position: _____ Dates: From _____ to _____ Phone: _____

Organization Name: _____ Contact Person: _____
Position: _____ Dates: From _____ to _____ Phone: _____

BACKGROUND INFORMATION

Please note that truthful information provided in this section will not necessarily be cause for disqualification.

Have you ever volunteered in Girl Scouting under another name? Yes No If yes, what name? _____
Where? _____ When? _____

Have you ever been convicted of a crime involving any type of maltreatment of a child including but not limited to physical abuse, sexual abuse or exploitation, psychological abuse, neglect, endangerment, or abandonment? Yes No
If yes, please state offense, date, court, and location _____

Have you ever been convicted of any other type of crime (excluding traffic violations)? Yes No. If yes, please state offense, date, court and location _____

Have you ever been the subject of an investigation by any state or federal agency that involved the maltreatment of a child, a controlled substance, or fraud? Yes No. If yes, please explain the circumstances and state the outcome of the investigation.

Have you ever been the subject of a domestic abuse Order of Protection? Yes No. If yes, please state the date, court, location and disposition of the matter. _____

I hereby authorize Girl Scouts of NOARK Council by and through its appointed representatives to check any and all of my background information including but not limited to my personal data, education, volunteer experience, employment experience, and criminal history. I give my consent for a check of my background to be conducted by the state police or any other agency designated by Girl Scouts of NOARK Council. I understand that a background check will be considered confidential and used only by Girl Scouts of NOARK Council.

I certify that all information provided on this application is true and complete. I understand that falsification or significant omission of any information may be considered justification for non-acceptance or dismissal if discovered at a later date.

Signature _____ Date _____

TO BE COMPLETED BY COUNCIL – Attach completed reference checks.	
?	Reference checks (Attach completed reference checks)
?	Background check Date: _____
	Approved ? Not Approved ? _____
?	Appointment Letter
?	VIP & Interview Date: _____ M.S. _____

**PRE-EMPLOYMENT AND CONTINUED EMPLOYMENT/ VOLUNTEER DISCLOSURE
AUTHORIZATION AND RELEASE**

I understand that in connection with my application for Employment, Volunteer Services, and /or for Continuous Employment, and /or Volunteer Services Girl Scouts of NOARK Council, IntelliCorp, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History. However, unless my position involves handling money and /or other transferable monetary instruments, my Credit History will not be checked.

I understand that Girl Scouts of NOARK Council may rely on any part or all of this Information in determining whether to extend an offer of Employment/ Volunteers' duties to me. I further understand that if any adverse action is taken by Girl Scouts of NOARK Council or if Girl Scouts of NOARK Council chooses not to extend an offer of Employment/Volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to Employment/Volunteer assignments, and is not conducted for any purpose other than in connection with my Application for Employment, Volunteer status and/or my eligibility for Continued Employment/ Volunteer Duties.

I have read this Pre-Employment and Continued Employment/Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment/ volunteer duties. I hereby release any and all Investigators, including Girl Scouts of NOARK Council, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application with Girl Scouts of NOARK Council. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature

Date

Printed Name (First, Middle & Last)

Social Security Number

Date of Birth

Former Last Names (if applicable)

Current Address:

Street

City

State

Zip

Former Address:

Street

City

State

Zip