



GIRL SCOUTS HEART OF NEW JERSEY
Adult Volunteer Application

Faxes and emails will NOT be accepted. Please mail or bring your signed original application to Council.

Last Name First Name Middle Initial Service Unit (or town you volunteer in)
New Applicant Yes No Female Male Are you over the age of 18 Yes No

Residential Address (Street/City/State/Zip)

Mailing Address (if different)

Home Telephone Number Cellular Phone Number Email Address

REFERENCES ARE REQUIRED OF FIRST TIME APPLICANTS ONLY; returning volunteers do not need references.

List three (3) persons who are not relatives, who have agreed to serve as a reference, and who can speak to your qualifications to be a Girl Scout volunteer. If you have previous volunteer experience in another organization, one of the references should be from that organization. If you have previously worked with children, one of your references should relate to that particular experience. Incomplete information will delay the processing of your application.

Providing the email addresses of your references will expedite the process.

1st Reference: First Name Middle Initial Last Name
Street Address City State Zip
Home Telephone Number Work Telephone Number:
E-mail Address: Relationship to you and Length of Time Known:

2nd Reference: First Name Middle Initial Last Name
Street Address City State Zip
Home Telephone Number Work Telephone Number:
E-mail Address: Relationship to you and Length of Time Known:

3rd Reference: First Name Middle Initial Last Name
Street Address City State Zip
Home Telephone Number Work Telephone Number:
E-mail Address: Relationship to you and Length of Time Known:



Background Check Authorization and Consent for Release of Information

(Only persons wishing to affiliate as an adult member of GSHNJ are authorized to complete this form.)

I understand that the appointment background check requires my full name, date of birth, and Social Security Number. I understand that the information I have provided may be verified by contacting persons or organizations listed in the application.

I authorize the Girl Scouts Heart of New Jersey (GSHNJ) to obtain information related to any criminal history record (in accordance with N.J.S.A.C. 15A:3A-1) through IntelliCorp Records, Inc. I authorize a complete criminal history record check, which may include arrest and conviction data as well as plea bargains and deferred adjudications. It may also include information regarding driving history. I understand this information will be used, in part, to determine my eligibility for a volunteer position. I also understand that as long as I remain an adult member of GSHNJ a criminal history record check may be conducted periodically. I hereby consent to this background investigation and release and hold harmless IntelliCorp Records, Inc., Girl Scouts Heart of New Jersey employees/agents, law enforcement agencies, credit reporting agencies, state and federal agencies, educational institutions, owners present and/or past employers, landlords, and all officers and employees that shall provide information to IntelliCorp Records, Inc., upon request, for and against any and all claims, suits, or expenses arising from or related to the content, validity, or handling of said reports. I understand that if GSHNJ chooses not to extend an offer of appointment/employment to me based upon the information, I will be notified of such.

I certify that the entries made by me in this form are true, complete, and accurate to the best of my knowledge, and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for volunteer services or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from volunteer opportunities with the Girl Scouts Heart of New Jersey.

I further understand that I will receive a complete and accurate disclosure of the nature and scope of the background verification in the event such investigation negatively affects my placement as a volunteer.

Date: _____

Print your full name here _____ Signature: _____

**Social Security Number: _____ Date of Birth: _____

There shall be no discrimination against an otherwise qualified adult volunteer by reason of disability or on the basis of age. Furthermore, there shall be no discrimination on the basis of race, color, ethnicity, sex, creed, national origin, or socioeconomic status. In addition, to ensure full equality of the organization, affirmative action policies and procedures shall be utilized in the recruitment, selection, training, placement, and recognition of volunteers. Special emphasis shall be placed upon securing representation of underrepresented population groups.—*Girl Scouts Blue Book of Basic Documents 2009 (19)*.

****NOTE:** In lieu of providing your Social Security number in this application, you may opt to use our secure online portal and provide this information yourself. This information will not be viewed by Girl Scouts Heart of New Jersey. The results of your background check will be sent directly to us.

I would like to use the GSHNJ portal. Please email me the link to the portal.

My email address is _____ (please print clearly)

Date: _____ Signature: _____

Please mail this original to: Girl Scouts Heart of New Jersey

**Attn: Lorraine Pires
201 Grove Street East
Westfield, NJ 07090**





Volunteer Agreement

Name: _____ Home Telephone: _____

Address: _____
Street City State Zip

E-mail: _____ Service Unit _____

THE COUNCIL AGREES TO:

- Maintain confidentiality of girl/volunteer personal information
Provide the volunteer with a copy of the volunteer policies
Provide a written position description
Provide Online Orientation and relevant training to the position
Give recognition for time and energy devoted to the position
Provide ongoing support, guidance, and performance evaluation
Carry insurance plans as part of membership registration
Provide equal opportunity for volunteers

THE VOLUNTEER AGREES TO:

- Maintain confidentiality of girl/volunteer personal information
Comply with policies set forth by Girl Scouts USA and Girl Scouts Heart of New Jersey (GSHNJ)
Devote sufficient time and energy to fulfill the position's responsibilities
Complete the Online Orientation and position-related training
Meet with appropriate groups pertaining to the position on a regular basis for ongoing support and evaluation
Meet membership requirements and register as a member of Girl Scouts USA
Be supportive of the goals and activities of GSHNJ
Affirm that GSUSA and GSHNJ actively seek members of every racial, ethnic, religious, and socio-economic group
Support the purpose, values, and mission of Girl Scouts USA

Bobbie Zuber

Bobbie Zuber (handwritten signature)

Council Designee Name Council Designee Signature/Service Center Date

Volunteer Signature Date

4/21/10

