

**DAY CAMP VOLUNTEER APPLICATION CONTINUED (please type or print)**

List four persons **NOT RELATED TO YOU** (by blood, marriage, or living in the same household) who will provide references for you. Four names with **COMPLETE** addresses and telephoned numbers, must be provided. If you have previous experience as a volunteer, one reference should be from someone within the organization. (Please type or print) (Circle best time to call, day or evening number.) Please specify Mr. or Mrs., or Ms.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
\_\_\_\_\_ (cell) E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
\_\_\_\_\_ (cell) E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
\_\_\_\_\_ (cell) E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please read the following statements and information before signing:

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

I understand that all girls who meet membership requirements shall not be denied admission or access to Girl Scout program because of race, color, ethnicity, creed, national origin, socioeconomic status, or disability, I also understand that in the selection of adults, there shall be no discrimination on the basis of race, color, ethnicity, sex, creed, national origin, socioeconomic status, disability, or age. I will actively implement these Girl Scouts of the USA policies and philosophies.

I have read the reference request form and give my approval for the above named references to be contacted either by mail, E-mail, or telephone to provide their opinions as requested on the form.

I understand that anyone listed on the Louisiana Sexual Offender Registry will be ineligible for volunteer work with the Girl Scouts. I also understand that the Council will be checking the Registry to determine whether I am listed.

I have read and agree to the beliefs and principles of the membership requirements of the Girl Scout organization.

Signature of Candidate: \_\_\_\_\_ Date \_\_\_\_\_

<p><b>TO BE COMPLETED BY COUNCIL Volunteer Service Department</b> Appointed to (position) _____ Service Unit _____ Troop _____ Appointment denied based on: _____ Appointment confirmation or denial letter sent: Date _____ Council Representative _____</p>
---