

# Girl Application for Leadership Project



### Instructions:

1. This form is to be filled out **by the girl** who is applying for a leadership project.
2. Please print or type when filling out the form.
3. Provide the name of a leader/council adviser who will offer a reference.
4. Please return the completed form to your local council.

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ School Attending \_\_\_\_\_  
 Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Troop No. \_\_\_\_\_ Or Individual Girl Member No. \_\_\_\_\_  
 Leader's Name \_\_\_\_\_ Service Unit \_\_\_\_\_

### Interest in Leadership Project

I am applying to participate as:

Please check one:  PA I  PA II  LIT  CIT  SGSTA

Why do you want to be involved in a leadership project? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Experience Working with Children

#### In Girl Scouting

Position \_\_\_\_\_ Where did you work? \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When? How much time did you spend in this position? \_\_\_\_\_  
 \_\_\_\_\_

#### Outside of Girl Scouting

Position \_\_\_\_\_ Where did you work? \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When? How much time did you spend in this position? \_\_\_\_\_  
 \_\_\_\_\_

What did you enjoy most about working with young children? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Camping Experience Working

#### In Girl Scouting

Where did you camp? \_\_\_\_\_

What kind of camp was it? \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_  
 \_\_\_\_\_

When? How much time did you spend in this position? \_\_\_\_\_

### Outside of Girl Scouting

Where did you camp? \_\_\_\_\_

What kind of camp was it? \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_

When? How much time did you spend in this position? \_\_\_\_\_

What did you enjoy most about camping? \_\_\_\_\_

### Skills and Interests

List any skills you could teach or interests you can share: \_\_\_\_\_

List any skills you would like to develop or topics you would like to learn about: \_\_\_\_\_

Do you speak a language other than English?  Yes  No

If yes, what is it \_\_\_\_\_

Do you know sign language?  Yes  No

List any safety certificates you have earned by completing a formal course (e.g., Red Cross First Aid, CPR, baby-sitting). Include name of the sponsoring organization and the certificate date of expiration.

### Placement Information

What Girl Scout age level do you want to work with?  Daisy  Brownie  Junior

Is there a particular troop or group you want to work with?  Yes  No

If yes, which troop? \_\_\_\_\_

Do you have a time/day preference for troop meetings?  Yes  No

If yes, what days? \_\_\_\_\_ What times? \_\_\_\_\_

Do you have a location preference?  Yes  No

If yes, what is it? \_\_\_\_\_

Are there any times you cannot volunteer?  Yes  No

If yes, what are they? \_\_\_\_\_