

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? _____