girlscouts

of eastern missouri

2025 Camp Volunteer Application

RETURN TO: Girl Scout Service Center, Camp Department, 2300 Ball Drive, St. Louis, MO 63146 or kkahn@girlscoutsem.org What age level are you interested in working with at Day Camp? Applying for: □ Family Camp □ Day Camp Rank choices 1, 2, 3, etc. □ Day Camp Aide □ Overnight Camp \Box Other Activities □ Seniors and Ambassadors □ Daisy □ Brownie □ Tagalongs **CONTACT INFORMATION:** □ Junior □ Wherever needed \Box Cadette Legal Name: ____ Firet Last Address: -**OTHER CAMPS:** Street

Cell Phone: ______ Currently registered Girl Scout? □ Yes □ No

Currently registered Girl Scout adult member? \Box Yes \Box No

AIDES ONLY:

Birthdate: _____/ _____/ _____

Basic Camp Aide Course completed? \Box Yes \Box No Year _____

Grade 2024-2025 school year _____

DAY CAMP:

Name of camp: _____

If you would like to volunteer for more than one Day Camp, list additional camp names here

Names & birthdate of Tagalongs you will bring to Day Camp:

Have you worked at Day Camp before? □ Yes □ No Positions held: ______

Time available to volunteer during camp:

 \Box Full-time \Box Part-time

 $\hfill \square Su \hfill \square M \hfill \square T \hfill \square W \hfill \square Th \hfill \square F \hfill \square S$

Other Camps

□ Camp Cedarledge □ Camp Tuckaho □ Camp Fiddlecreek

Cadette Camp-A-Rama
Troop Camp Blitz
Camp Sampler

Overnight Camp

Family Camp

Camp CedarledgeCamp Tuckaho

Names & birthdate of Girl Scouts you will bring to camp:

- □ I HAVE NEVER BEEN A REGISTERED ADULT IN THE GIRL SCOUTS OF EASTERN MISSOURI. (ALL VOLUNTEERS MUST BECOME REGISTERED GSUSA MEMBERS AND COMPLETE THE VOLUNTEER APPLICATION PROCESS, INCLUDING A GSEM BACKGROUND CHECK. COPIES OF THESE MATERIALS WILL BE FORWARDED TO YOU AFTER WE RECEIVE YOUR STAFF APPLICATION.)
- □ I AM CURRENTLY A REGISTERED GIRL SCOUT FOR THE 2023-2024 MEMBERSHIP YEAR.

FOR OFFICE USE ONLY

 \Box GSUSA \Box GSEM

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CERTIFICATIONS:

Certification	Exp. Date
□ RN	
State of License:	_
🗆 Paramedic / EMT	
State of License:	
🗆 First Aid	_
□ CPR/AED	
adultchild	
□ Licensed Troop Camper	
Outdoor Adventure Course Instructor	
□ Archery	
🗆 Lifeguard	
🗆 Small Craft Safety	

INTERESTS & EXPERIENCE:

Which of the following skills would you be willing to share with girls? Please check the list below or add to this list. Indicate "I" for interest or "E" for experience in the categories below:

□ Archery	□ Other
Bicycling	
Canoeing	
Cheerleading	
□ Dance	
🗆 Games	

- □ Guest Speaker
- □ Hiking
- \square Knots
- Nature Crafts
- □ Orienteering
- Outdoor Cooking
- □ Sailing
- Sign Language
- \Box Songs

RACIAL/ETHNIC BACKGROUND:

The following information is requested only to measure progress toward serving all girls and adults in our jurisdiction.

Please circle one: American Indian/Alaskan Native 🗆				
Hawaiian/Pacific Islander 🗆 Asian 🗆				
Black/African American \Box White \Box	Other \square			
Are you also of Spanish/Hispanic origin?	□ Yes	□ No		

DISABILITY INFORMATION:

Girl Scouts of Eastern Missouri welcomes the participation of all girls and adults and will make reasonable accommodations for persons with disabilities. To make this request, please complete the Accommodations Request at **vr.girlscoutsem.org/AR** and indicate this request under Special Circumstances during registration.

For questions, or to register by phone, please contact our Answer Center at 314.400.4600.

I agree to complete required training and understand there is NO assurance that I will be placed in the same unit as my child.

Applicant's Signature

Custodial Parent / Legal Guardian's Signature if applicant is a minor