# airl scou

of eastern missouri

# **2024 Camp Volunteer Application**

RETURN TO: Girl Scout Service Center, Camp Department, 2300 Ball Drive, St. Louis, MO 63146 or kkahn@girlscoutsem.org

Applying for: □ Family Camp □ Day Camp □ Day Camp Aide  $\Box$  Other Activities

#### **CONTACT INFORMATION:**

Legal Name:				
0	First	Lá	Last	
Address:				
City		State	Zip	
Day Phone:				
Evening Phone:				
Email:				
Cell Phone:				
Currently registere	d Girl Scou	t? □ Yes □ No		

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

#### **AIDES ONLY:**

Birthdate: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Basic Camp Aide Course completed? □ Yes □ No Year \_\_\_\_\_

Grade 2023-2024 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 sons, daughters & preschoolers you will bring to Day Camp: \_\_\_\_\_

Have you worked at Day Camp before? ĕ Yes ĕ No Positions held: \_\_\_\_

Time available to volunteer during camp:  $\Box$  Full-time  $\Box$  Part-time  $\Box$  Su  $\Box$  M  $\Box$  T  $\Box W \Box Th \Box F$  $\Box S$  What age level are you interested in working with at Day Camp? Rank choices 1, 2, 3, etc.

□ Daisy □ Seniors and Ambassadors □ Brownie □ Boys □ Toddlers □ Junior □ Cadette □ Wherever needed

## **OTHER CAMPS:**

Family Camp	Other Can
🗆 Camp Cedarledge	
🗆 Camp Tuckaho	
🗆 Camp Fiddlecreek	

#### nps

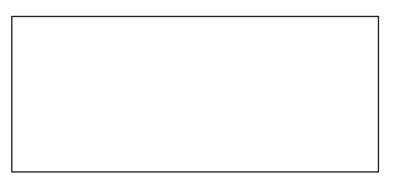
Cadette Camp-A-Rama Pack the Creek

Troop Camp Blitz

□ Camp Sampler

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 □ 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?	$\Box$ 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