

2023 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 Overnight
Camp
 Day Camp Aide Other Activities

CONTACT INFORMATION:

Legal Name: _____
First Last

Address: _____
Street

City State Zip

Day Phone: _____

Evening Phone: _____

Email: _____

Cell Phone: _____

Currently registered Girl Scout? Yes No

Currently registered Girl Scout adult member? Yes No

AIDES ONLY:

Birthdate: ____/____/____

Basic Camp Aide Course completed? Yes No Year ____

Grade 2022-2023 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? Yes No

Positions held: _____

Time available to volunteer during camp:

Full-time Part-time

Su M T W Th F S

What age level are you interested in working with at Day Camp?
Rank choices 1, 2, 3, etc.

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Daisy | <input type="checkbox"/> Seniors and Ambassadors |
| <input type="checkbox"/> Brownie | <input type="checkbox"/> Boys |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Toddlers |
| <input type="checkbox"/> Cadette | <input type="checkbox"/> Wherever needed |

OTHER CAMPS :

Family Camp

- Camp Cedarledge
- Camp Tuckaho
- Camp Fiddlecreek

Other Camps

- Cadette Camp-A-Rama
- Extreme Team
- Pack the Creek
- Troop Camp Blitz
- Camp Sampler

Ovenight Camp

- Camp Tuckaho — Adults

Dates: _____

Dates: _____

Dates: _____

- Camp Cedarledge — Adults

Dates: _____

Dates: _____

Dates: _____

Have you worked at Overnight Camp before? Yes No

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 2022-2023 MEMBERSHIP YEAR.

FOR OFFICE USE ONLY

- GSUSA GSEM

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CERTIFICATIONS:

Certification	Exp. Date
<input type="checkbox"/> RN	_____
State of License: _____	_____
<input type="checkbox"/> Paramedic / EMT	_____
State of License: _____	_____
<input type="checkbox"/> First Aid	_____
<input type="checkbox"/> CPR/AED	_____
_____ adult _____ child	_____
<input type="checkbox"/> Licensed Troop Camper	_____
<input type="checkbox"/> Outdoor Adventure Course Instructor	_____
<input type="checkbox"/> Archery	_____
<input type="checkbox"/> Lifeguard	_____
<input type="checkbox"/> 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:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bicycling | _____ |
| <input type="checkbox"/> Canoeing | _____ |
| <input type="checkbox"/> Cheerleading | _____ |
| <input type="checkbox"/> Dance | _____ |
| <input type="checkbox"/> Games | _____ |
| <input type="checkbox"/> Guest Speaker | |
| <input type="checkbox"/> Hiking | |
| <input type="checkbox"/> Knots | |
| <input type="checkbox"/> Nature Crafts | |
| <input type="checkbox"/> Orienteering | |
| <input type="checkbox"/> Outdoor Cooking | |
| <input type="checkbox"/> Sailing | |
| <input type="checkbox"/> Sign Language | |
| <input type="checkbox"/> Songs | |

REFERENCES – For Day and Overnight Camp:

Two references (not related to applicant) must be listed. Include name, phone and mailing address of all references.

1. Name:

First

Last

Address: _____

Street

City

State

ZIP

Day Phone: _____

Evening Phone: _____

Email Address: _____

2. Name:

First

Last

Address: _____

Street

City

State

ZIP

Day Phone: _____

Evening Phone: _____

Email Address: _____

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 White Other

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