

2024 Camp Volunteer Application

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

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 | |

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