



Girl Scouts®

Girl Scouts of Greater Iowa
 800-342-8389
 www.girlscoutsiowa.org
 Service Areas of Des Moines,
 Council Bluffs, Fort Dodge,
 Mason City, and Sioux City

Date Received: _____

Background Check: _____

Reference Check#1: _____

#2: _____

#3: _____

Approved: _____

Not Approved: _____

Service Unit: _____

School / Town: _____

Troop #: _____

Grade (s): _____

Position (s): _____

OFFICE USE ONLY

APPLICATION FOR VOLUNTEERS

Please complete the application and provide all necessary information with the understanding it will be kept confidential and will be retained by the Girl Scouts of Greater Iowa. Please print.

PERSONAL DATA & VOLUNTEER INFORMATION			
<u>Last Name, First Name, Middle Name</u>			<u>Today's Date</u>
<u>Current Address, City, State, Zip & County</u>			<u>Date of Birth</u>
<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>	
Can you receive Girl Scout calls at work? Yes / No		<u>Email Address</u>	
What City or School would you like to volunteer in?			
I am interested in the following areas (check all that apply):			
<u>Work with Girls</u> <input type="checkbox"/> Troop Leader <input type="checkbox"/> Troop Assistant Leader <input type="checkbox"/> Troop Helper / Driver <input type="checkbox"/> Outdoor Program / Day Camp <input type="checkbox"/> Council Sponsored Events <input type="checkbox"/> Other		<u>Work with Adults</u> <input type="checkbox"/> Cookie and / or Nut Chair <input type="checkbox"/> Trainer <input type="checkbox"/> Troop Organizer <input type="checkbox"/> Neighborhood Chair <input type="checkbox"/> Program Committee <input type="checkbox"/> Other	
Select Girl Scout Age Level Desired:			
<input type="checkbox"/> Daisy	<input type="checkbox"/> Brownie	<input type="checkbox"/> Junior	<input type="checkbox"/> Girls 11-17
How often are you available:			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
List Days and Times you are available: _____			

BUSINESS AND VOLUNTEER EXPERIENCES

Employment Experience (List most recent first)

<u>Position Held:</u>	<u>Responsibilities:</u>
<u>Business Name</u>	<u>Dates Employed:</u> From: _____ To: _____
<u>Address, City, State Zip</u>	<u>Reason for leaving:</u>
<u>Supervisor's Name</u>	<u>Contact Phone Number:</u>
<u>Position Held:</u>	<u>Responsibilities:</u>
<u>Business Name</u>	<u>Dates Employed:</u> From: _____ To: _____
<u>Address, City, State Zip</u>	<u>Reason for leaving:</u>
<u>Supervisor's Name</u>	<u>Contact Phone Number:</u>

Volunteer Experience (List most recent first)

<u>Position Held:</u>	<u>Responsibilities:</u>
<u>Business Name</u>	<u>Dates Volunteered:</u> From: _____ To: _____
<u>Address, City, State Zip</u>	<u>Reason for leaving:</u>
<u>Contact Name</u>	<u>Contact Phone Number:</u>
<u>Position Held:</u>	<u>Responsibilities:</u>
<u>Business Name</u>	<u>Dates Volunteered:</u> From: _____ To: _____
<u>Address, City, State Zip</u>	<u>Reason for leaving:</u>
<u>Contact Name</u>	<u>Contact Phone Number:</u>

Are you or your family employed by a business that has: (check if "yes")
 _____ Matching Gift Program _____ Volunteer Program

If your business has a Matching Gift Program or Volunteer Program, please provide the following:

<u>Business Name</u>	<u>Business Contact & Phone Number:</u>
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Additional References (List persons who are not related but familiar with your qualifications):

<u>Contact Name</u>	<u>Contact Phone Number(s)</u>	<u># of Yrs Known</u>
<u>Address, City, State Zip</u>		
<u>Contact Name</u>	<u>Contact Phone Number(s)</u>	<u># of Yrs Known</u>
<u>Address, City, State Zip</u>		

Special Skills / Education / Training

<u>Educational Institution</u>	<u>Highest Year Completed</u>	<u>Degree / Credits</u>
<u>Other Training & Certifications</u>	<u>Date Completed</u>	<u>Expires</u>

Do you speak, read, or write a language other than English? Yes / No

If yes, please specify: _____

<u>Special Talents: (ex - art, music, technology, science, crafts, camping)</u>

Do you plan to use your vehicle for Girl Scout activities? Yes / No

Do you have a current, valid driver's license? Yes / No

<u>Driver's License #</u>	<u>State</u>	<u>Type</u>
<u>Insurance Carrier</u>	<u>Policy Number</u>	

OTHER INFORMATION

Have you ever been convicted of a crime? Yes / No

If yes, state offense, date & location: _____

This is an application for a volunteer position in Girl Scouting for which there is no monetary compensation.

In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status or any other basis prohibited by state or local law.

I hereby authorize you to check all my references and further authorize these references to release to you information that they have about me.

I certify that all information provided on this application is true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or later dismissal. My appointment to a volunteer position is contingent upon the completion of the application, review of criminal background check, review of child abuse registry, sex offender registry, and reference checks.

For the protection of the girls we serve, the Girl Scouts of Greater Iowa requires all adult members working directly with girls and / or handling money complete an application and register as an adult member of Girl Scouts.

Applicant Signature

Date

Girl Scouts of Greater Iowa

AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # State

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Applicant Signature Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every 'consumer-reporting agency' (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective

employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS PLEASE CONTACT:

Federal Trade Commission

Consumer Response Center - FCRA
Washington, DC 20580 202-326-3761
(for CRAs, creditors and others not listed below)

Office of the Comptroller of the Currency

Compliance Management, Mail Stop 6-6
Washington, DC 20219 800-613-6743
(for National banks, 'National' or 'N.A.')

Federal Reserve Board

Division of Consumer & Community Affairs
Washington, DC 20551 202-452-3693
(for Federal Reserve System member banks)

Office of Thrift Supervision

Consumer Programs
Washington, DC 20552 800-842-6929
(for Savings associations and federally chartered savings banks, 'Federal' or 'F.S.B')

National Credit Union Administration

1775 Duke Street
Alexandria, VA 22314 703-518-6360
(for Federal credit unions)

Federal Deposit Insurance Corporation

Division of Compliance & Consumer Affairs
Washington, DC 20429 800-934-FDIC
(for State chartered banks that are not members of the Federal Reserve System)

Department of Transportation

Office of Financial Management
Washington, DC 20590 202-366-1306
(for air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission)

Department of Agriculture

Office of Deputy Administrator - GIPSA
Washington, DC 20250 202-720-7051
(for activities subject to the Packers and Stockyards Act, 1921)