

GIRL SCOUTS HEART OF NEW JERSEY

Adult Volunteer Application

Please sign both pages and send this form to us by mail, email or fax.

Last Name	First Name	Middle Initial	Service Unit (or town you volunteer in)
New Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female <input type="checkbox"/> Male	Are you over the age of 18 <input type="checkbox"/> Yes <input type="checkbox"/> No	

Volunteer position you are applying for:

<input type="checkbox"/> Leader/Co-leader	<input type="checkbox"/> Helper	<input type="checkbox"/> Driver	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cookie/Nut Manager	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Chaperone	

Residential Address (Street/City/State/Zip)

Mailing Address (if different)

Home Telephone Number	Cellular Phone Number	Email Address: print clearly
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THE VOLUNTEER AGREES TO:

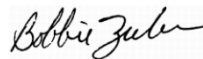
- Maintain confidentiality of girl/volunteer personal information
- Comply with policies set forth by Girl Scouts USA and Girl Scouts Heart of New Jersey (GSHNJ)
- Devote sufficient time and energy to fulfill the position's responsibilities
- Complete the Online Orientation and position-related training
- Meet with appropriate groups pertaining to the position on a regular basis for ongoing support and evaluation
- Meet membership requirements and register as a member of Girl Scouts USA
- Be supportive of the goals and activities of GSHNJ
- Affirm that GSUSA and GSHNJ actively seek members of every racial, ethnic, religious, and socio-economic group
- Support the purpose, values, and mission of Girl Scouts USA

Volunteer Signature

Date

THE COUNCIL AGREES TO:

- Maintain confidentiality of girl/volunteer personal information
- Provide the volunteer with a copy of the volunteer policies
- Provide a written position description
- Provide Online Orientation and relevant training to the position
- Give recognition for time and energy devoted to the position
- Provide ongoing support, guidance, and performance evaluation
- Carry insurance plans as part of membership registration
- Provide equal opportunity for volunteers



Council Designee Signature

Date

Background Check Authorization and Consent for Release of Information

(Only persons wishing to affiliate as an adult member of GSHNJ are authorized to complete this form.)

I understand that the appointment background check requires my full name, date of birth, and Social Security Number. I understand that the information I have provided may be verified by contacting persons or organizations listed in the application.

I authorize the Girl Scouts Heart of New Jersey (GSHNJ) to obtain information related to any criminal history record (in accordance with N.J.S.A.C. 15A:3A-1) through IntelliCorp Records, Inc. I authorize a complete criminal history record check, which may include arrest and conviction data as well as plea bargains and deferred adjudications. It may also include information regarding driving history. I understand this information will be used, in part, to determine my eligibility for a volunteer position. I also understand that as long as I remain an adult member of GSHNJ a criminal history record check may be conducted periodically. I hereby consent to this background investigation and release and hold harmless IntelliCorp Records, Inc., Girl Scouts Heart of New Jersey employees/agents, law enforcement agencies, credit reporting agencies, state and federal agencies, educational institutions, owners present and/or past employers, landlords, and all officers and employees that shall provide information to IntelliCorp Records, Inc., upon request, for and against any and all claims, suits, or expenses arising from or related to the content, validity, or handling of said reports. I understand that if GSHNJ chooses not to extend an offer of appointment/employment to me based upon the information, I will be notified of such.

I certify that the entries made by me in this form are true, complete, and accurate to the best of my knowledge, and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for volunteer services or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from volunteer opportunities with the Girl Scouts Heart of New Jersey.

I further understand that I will receive a complete and accurate disclosure of the nature and scope of the background verification in the event such investigation negatively affects my placement as a volunteer.

Mailing Address _____

Home Telephone Number _____

Cellular Phone Number _____

Email Address: print clearly _____

Date: _____

Print your full name here _____ Signature: _____

**Social Security Number: _____ Date of Birth: _____

****NOTE:** In lieu of providing your Social Security number in this application, you may opt to use our secure online portal and provide this information yourself. This information will not be viewed by Girl Scouts Heart of New Jersey. The results of your background check will be sent directly to us.

I would like to use the GSHNJ secure portal. Please email me the link to the portal. Yes ☐ No ☐

Print your full name here _____ Signature: _____

There shall be no discrimination against an otherwise qualified adult volunteer by reason of disability or on the basis of age. Furthermore, there shall be no discrimination on the basis of race, color, ethnicity, sex, creed, national origin, or socioeconomic status. In addition, to ensure full equality of the organization, affirmative action policies and procedures shall be utilized in the recruitment, selection, training, placement, and recognition of volunteers. Special emphasis shall be placed upon securing representation of underrepresented population groups.—*Girl Scouts Blue Book of Basic Documents 2009* (19).

Please send this application to:

**Girl Scouts Heart of New Jersey, Attn: Lorraine Pires
1171 Route 28, North Branch, NJ 08876**

Fax: 908-725-4933

Email: lpires@gshnj.org

Tel: 908-947-1723