

Girl Scouts - Foothills Council, Inc.  
Volunteer Application – TRAINER

Girl Scouts - Foothills Council, Inc. is an equal opportunity/affirmative action employer, and does not discriminate because of age, race, sex, religion, national origin, handicap or veteran status.

Council Trainers participate in an initial 16-20 hour course of study introducing them to techniques and materials to better facilitate adult learning. In addition, the Council Trainer will be required to conduct a minimum of one training within the first year of commitment with an experienced trainer. Upon completion of the pilot training, the trainer will agree to conduct to a minimum of one training per year. The trainer will also agree to attend at least one educational seminar or course every three years to remain certified.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

TEL. NO. \_\_\_\_\_

Describe any prior volunteer or employed experience with groups which you feel would qualify you to become a Council Trainer. (Attach additional pages as needed.)

Membership in professional, community or youth service organizations:

If you are employed outside the home, please complete the following:

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Please list any special skills or certification you have.

Education: Name/Location Course Diploma/Degree  
High School \_\_\_\_\_

College \_\_\_\_\_

Education: Name/Location Course Diploma/Degree  
Technical \_\_\_\_\_

Other \_\_\_\_\_

Have you ever been convicted of any criminal offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

List the names of three persons who can give information about you or your applicable training experience. (Do not use relatives.)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

I certify that all statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of placement.

I authorize checking of my references.

In making my application for service I express my acceptance of the Promise and the Law of Girl Scouting and promise to uphold and interpret them to the best of my ability.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

All costs for the training (a room, meals, snacks) will be covered by council funds.

**PLEASE RETURN COMPLETED APPLICATION TO:  
GIRL SCOUTS - FOOTHILLS COUNCIL, INC.  
33 Jewett Place, Utica, NY 13501  
ATTN: Volunteer Development Specialist**