

Applicants: Please complete and submit this application by midnight on Tuesday, Oct. 9

This PDF application is provided so you review and prepare your responses ahead of time. However, the actual application submission must be completed online. To access the application, please visit: <u>www.sdgirlscouts.org/teens</u>.

## 1. Your Information:

First and last name: Age: Grade (in fall): Phone (999-999-9999): Email: Mailing Address: City: State: Zipcode:

## 2. Parent or Guardian Information:

Name of Parent or Guardian: Email: Phone number (e.g. (999) 999-9999):

- 3. **Reference Information.** Please list the name of a non-related adult or peer who can speak to your strengths, areas for improvement, passions and awareness of issues relevant to young women today.
  - Name: Position: Phone: Email:
- 4. Are you a currently registered Girl Scout?
  - Yes
  - □ No
- 5. If yes, how long (in years) have you been a member. If no, please leave response blank.
- 6. I can attend a group interview on the following date(s):
  - $\square$  Monday, Oct.15 at 5:30 p.m.
  - □ Alternative date (only if necessary): Wednesday, Oct. 17
- 7. Do you know anyone currently in or applying to this group? If so, who? If no, please respond "no". [short answer]
- 8. Why do you want to be a part of GAB and how will you contribute? [short paragraph]

9. What is one issue in the "older" Girl Scout community and what are your ideas for how to address it? Please keep in mind, our mission is to collaborate with council staff and adult volunteers to help keep girls in 6-12<sup>th</sup> grade engaged in Girl Scouting!

10. What do you think are your best qualities? What are some qualities you look forward to improving? [short paragraph]

11. Describe an experience where you worked with a team. What were responsibilities and what did you learn?

- 12. Briefly describe your involvement with Girl Scouts (troop, activities, leadership, etc.)
- 13. Briefly describe your other extracurricular activities.
- 14. With this signature, I commit to participate fully and actively if selected to be a member of 2018-19 GAB group: [signature box]
- 15. I support this application (parent/guardian signature): [signature box]