

COUNCIL TRAINER APPLICATION



The adult development department of Girl Scouts of Oregon and Southwest Washington welcomes your interest in becoming a council trainer. We have a continuing need for dedicated, energetic people to share their experience and to enable volunteers to be knowledgeable and confident in their new volunteer role.

Please complete the following information and send it to: **Girl Scouts OSW, Attn: ADD Salem Service Center, 1922 McGilchrist Street SE, Salem, OR 97302.** Once the application has been reviewed, an adult development manager will contact you to schedule an interview. The last step is to complete the "Training of Trainers" course which will be arranged after your interview.

Personal Information

Name _____ Birth Month & Day _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Girl Scout Experience

Note: It is not necessary to hold a Girl Scouting position to become a council trainer.

Are you currently a registered Girl Scout member? Yes No

Have you completed a volunteer application with Girl Scouts OSW? Yes No

Note: If no, this will need to be completed and verified before you are appointed as a council trainer.

Please briefly describe any background and/or experience in Girl Scouting.

Areas of Interest

Which training are you interested in delivering? Please check all that apply.

Leadership Essentials Daisy Brownie Junior Older Girl First Aid/CPR

Outdoor Other _____

Interests/talents you are interested in teaching others _____



Education

Include degrees, certifications, Train the Trainer courses and other relevant training.

Name	Agency	Place	Date

Activities

Briefly summarize other relevant experiences (community work, other organizations, etc.) _____

Additional Information

Additional comments or information you would like us to know: _____

References

Please list three persons, other than relatives, who know your qualifications and/or background experience. If possible, one reference should be a Girl Scout volunteer or a Girl Scout staff member.

Name	Phone Number	Email	Relationship
1. _____			
2. _____			
3. _____			

(Volunteer or staff member)

I authorize contact of references for my possible placement in the position of a council trainer.

Signature _____ Date _____

For Office Use: Date Received _____
