

GIRL SCOUTS OF CITRUS COUNCIL, INC.
341 N. Mills Ave., Orlando, FL 32803

PROGRAM AIDE LEADERSHIP PROJECT APPLICATION

INSTRUCTIONS:

- This form is to be filled out **by the applicant** who is applying for a leadership project
- Please print or type when filling out this form
- Please return the completed application packet to the above address, attention: Program Aide Leadership Project

Name of Applicant: _____ Date: _____

Address: _____
Street City Zip

Email address: _____

Phone: _____ School Attending: _____ Grade: _____

Birth Date: _____ Age: _____ Troop/Group #: _____ or Individual Girl Member: _____

Leader/Adviser's Name: _____

Service Unit: _____

INTEREST IN LEADERSHIP PROJECT:

Why do you want to be involved in the Program Aide Leadership Project?

EXPERIENCE WORKING WITH CHILDREN:

1. IN GIRL SCOUTING:

Position: _____ Where did you volunteer/work:

Briefly describe your responsibilities:

(over)

When? How much time did you spend in this position?

2. OUTSIDE OF GIRL SCOUTING:

Position: _____ Where did you volunteer/work:

Briefly describe your responsibilities:

When? How much time did you spend in this position?

3. WHAT DID YOU ENJOY MOST ABOUT WORKING WITH YOUNG CHILDREN?

CAMPING EXPERIENCE:

1. IN GIRL SCOUTING:

Where did you camp?

What kind of camp was it?

Briefly describe your responsibilities/skills:

When? How much time did you spend camping?

2. OUTSIDE OF GIRL SCOUTING:

Where did you camp?

What kind of camp was it?

Briefly describe your responsibilities/skills:

When? How much time did you spend camping?

3. What did you enjoy most about camping?

SKILLS AND INTERESTS:

List any skills you could teach or interests you can share:

List any skills you would like to develop or topics you would like to learn:

Do you speak a language other than English?_____If so, what is it?

List any safety certificates you have earned by completing a formal course (e.g., Red Cross First Aid, CPR, babysitting). Include the name of the sponsoring organization and the certificate date of expiration:

(over)

REFERENCE INFORMATION:

GIRL SCOUTS OF CITRUS COUNCIL, INC.
341 N. Mills Ave., Orlando, FL 32803

**PROGRAM AIDE LEADERSHIP PROJECT
GIRL AND PARENT/GUARDIAN AGREEMENT**

INSTRUCTIONS:

- Together with your parent/guardian, review and sign the following agreement
- Return this form with your completed application packet to the above address, attention: Program Aide Leadership Project.

I will: ask for a reference using the form provided. I understand that this reference is confidential; therefore, I will not open the sealed envelope.

I will: follow policies and procedures as outlined in *Safety-Wise* as well as council policies having to do with safety and the use of drugs and alcohol.

I will: complete the training provided by my council for my leadership project.

I will: complete the internship part of my leadership project.

I will: submit documentation and evaluation of my experience as required for the project.

I will: try to contact the adult with whom I am working **in advance** should extenuating circumstances or an emergency prevent me from attending a meeting.

I recognize: that as part of my internship commitment, I can be asked to do the following:

- assist girls in planning and carrying out activities
- help plan end-of-year activities, bridging, etc.
- assist with product sales
- assist with record keeping

I will NOT: assume adult responsibilities. This means that I **CANNOT:**

- be left alone with younger girls
- be counted as an adult in girl/adult ratios
- drive girls or peers
- serve as a lifeguard without an adult being present

Applicant's Name (printed): _____ Phone No.: _____

Signature: _____ Date: _____

I have read both the application and above agreement. I give permission to participate in a leadership project.

Parent/Guardian's Name (printed): _____ Phone No.: _____

Signature: _____ Date: _____

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341 N. Mills Ave., Orlando, FL 32803**

PROGRAM AIDE LEADERSHIP PROJECT REFERENCE

INSTRUCTIONS:

- Applicants are to complete Part I and give this form to the person who will write the reference (this person could be a leader, adviser or other adult who knows the applicant well).
- Applicants and the person giving the reference are to print or type when completing the form.

PART I: To be completed by applicant

Name of Applicant: _____ Date: _____

Address: _____
Street City State Zip

I am applying to participate as a Program Aide. The leadership project I am applying for involves completing a leadership training course and working with younger Girl Scouts. I would appreciate it if you would provide a reference for me using this form to describe my qualifications. Please return to me, in a sealed envelope, no later than _____ .

PART II: To be completed by the applicant's reference person

How long have you known the applicant?

In what capacity have you known her?

(over)

Check one rating in each category to assess the following qualities of the applicant. Put NA if you do not know.

	POOR	FAIR	AVER- AGE	ABOVE AVER- AGE	SUPER- IOR	(NA) NOT APPLI- CABLE
dependable and responsible						
relates well to new people						
able to communicate & share ideas, feelings						
accepts differences in people						
works well with younger girls						
relates well to adults						
adaptable and flexible						
shows humor and spontaneity						
takes part in decision-making						
able to direct the work of others						
able to camp and work out-of-doors						
problem-solving ability						

Please describe the applicant's special strengths and skills and areas of weakness as they relate to a position of leadership. Please give specific examples.

Name (printed): _____ Signature: _____

Position: _____ Date: _____

Address: _____
Street City State Zip

Phone No.:
 Girl Scouts of Citrus Council
 July 2000 **PG 31, Part C**