



BOARD APPLICATION FORM FOR GIRL ADVISORY COMMITTEE

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone: (____) _____ E-mail: _____

It is important for the council to select Girl Advisory Committee Members, officers, members at large, committee members, and community partners who represent the membership of the council. Please provide us with accurate information that best describes you to help us get to know you better!

High School You Are Currently Attending

Name	School District	Expected Graduation Date
_____	_____	_____
_____	_____	_____

EMPLOYMENT

Organization	Location	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER EXPERIENCE

Organization	Location	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____

What are your favorite things about being a Girl Scout?

Why do you want to be a member of the Girl Advisory Committee?

How has participating in Girl Scouting impacted your life?

What is your current involvement with Girl Scouts Western Pennsylvania?

Please check area(s) where you can contribute your time, talents, and treasures:

- Fulfilling a commitment of attendance and participate by meeting a minimum of four times a year (one meeting of which is the Annual Meeting) at a central location in the council on Saturdays.
- Acting as a representative of Girl Scouts Western Pennsylvania and cultivating new and existing relationships.
- Serving a full term 2 years.
- Belief in the mission and vision of Girl Scouting and accepting the Girl Scout Promise and Law.

Please list a few of your interests and talents:

Signature

Date

Thank you for completing this application. Please return it to:

mmeans@gswpa.org

Subject: Girl Advisory Committee