



Name: _____
First Last

Address: _____

Street *City* *State* *Zip*

Name	School District	Expected Graduation Date
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Organization	Location	Position	Dates
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Organization	Location	Position	Dates

[illegible]

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 list a few of your interests and talents:

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

Signature

Date

**Thank you for completing this application.
Please return it to: Girl Scouts Western Pennsylvania
Attn: Executive Assistant
503 Martindale Street Suite 500, Pittsburgh, PA 15212**