



Girl Scouts of Gateway Council, Inc.

1000 Shearer Street; Jacksonville, FL 32205
(904) 388-4653 (800) 347-2688 FAX (904) 384-1542

Please attach a current photo here.

SAN AGUSTIN REENACTMENT ENCAMPMENT FOR OLDER GIRL STAFF APPLICATION

Instructions:

1. Fill out application completely. Make a copy for yourself. If you need more space, continue your answers on a maximum of one additional page.
2. Send or take completed application plus one adult reference to Girl Scouts of Gateway Council NO LATER THAN **NOVEMBER 13, 2009**.

Examples of adults to give reference: teacher, family friends, spiritual leaders. NO relatives please. Leader endorsement on 2nd page of application.

GIRLS MUST BE IN GRADES 10 - 12 TO APPLY.

APPLICANT INFORMATION:

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City, State, Zip _____ County: _____

Parent Name _____ Day Phone Number _____ Eve Phone Number _____

Troop # _____ Level: _____ Svc Unit: _____ Cell Phone Number _____

Date of Birth Present Grade in School _____ Length of Time in Girl Scouting _____

In the case of an emergency, please list telephone numbers in chronological order for contact:

1. Name _____ 2. Name _____ 3. Name _____

1. Phone Number _____ 2. Phone Number _____ 3. Phone Number _____

Please list the adult who will be supplying your reference.

Name _____ Address _____ City State Zip _____ Ph # _____

Have you visited this event in progress?
 Yes No

Have you been a past participant?
 Yes No

If YES, year: _____

Please check one rating in each category to assess yourself on the following qualities.

NOTE: 1 = Exceeds Expectations 2 = Above Average 3 = Average 4 = Below Average 5 = Don't Know	Is dependable and responsible	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Has poise and ease in meeting people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Accepts differences in people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Is able to share ideas/feelings/things	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Is adaptable and flexible	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Shows humor and spontaneity	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Is physically fit	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Is able to work well in a group	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Volunteers for jobs when help is asked	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Please describe why you want to participate in the San Agustin Encampment event as a girl staff member. Be specific about what knowledge and skills you would bring to this event. This event requires particular skills, such as camping, outdoor open-fire cooking, interest in history, communication, public speaking, public relations and leadership. Please include any related experience and/or extracurricular activities.

In order to record the participation rate of different ethnic groups, please check the appropriate space. You are not required to respond.

American Indian/Alaskan Native White Hispanic Black Asian/Pacific Islander

_____ Date _____

_____ Adult T-Shirt Size _____

Signature of Applicant

PARENT OR GUARDIAN:

To the best of my knowledge, _____ has a clear understanding of the event she has applied for and if selected, she has my permission to participate in the Training and the Encampment. I am aware of the need to provide period clothing and wooden utensils.

Parent Comments

_____ Date _____

Signature of Parent or Guardian

Leader's Name _____

Day Phone # _____

Eve Phone # _____

LEADER COMMENTS:

OFFICE USE ONLY

Council Verification - is applicant a registered Girl Scout? Yes No

Position: _____

Authorized Council Signature _____

Date: _____