

Girl Scouts of Gateway Council  
Jacksonville Service Center  
1000 Shearer Street  
Jacksonville, FL 32205-6055  
T 904 388-4653 F 904 384-1542  
800 347-2688



Girl Scouts of Gateway Council  
Gainesville Service Center  
810 NW 8<sup>th</sup> Street  
Gainesville, FL 32601  
T 352-376-3004 F 352-373-1998  
866-868-6307

## Girl Scouts of Gateway Council Volunteer Self-Assessment Interview

Name: \_\_\_\_\_

Volunteer Position applying for: \_\_\_\_\_

Date available to begin position: \_\_\_\_\_



Why do you want to be a Girl Scout Volunteer?

\_\_\_\_\_

List three skills/experiences that you will use in your volunteer position.

\_\_\_\_\_

How much time and effort do you believe this volunteer opportunity requires?

\_\_\_\_\_

Please describe the training, supervision, and support you believe that you will receive.

\_\_\_\_\_

Please identify two ways that you hope that you will benefit girls.

\_\_\_\_\_

Please identify two ways that you hope volunteering will benefit you.

\_\_\_\_\_

Are there other positions that you may be interested in?

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**This section to be completed by the coach at the time of the assessment.**

- Recommended for appointment:
- Recommended for following position/assignment:
- Not recommended for reappointment:

Additional Comments:

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Coach's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Please forward this self-assessment to Jacksonville Service Center or Gainesville Service Center within 5 days to be placed in the volunteer file.