



PROGRAM AIDE APPLICATION

(Submit this form or a copy with day camp application)

Girl Scouts.

PLEASE WRITE LEGIBLY

Name: First _____ Last _____

Address _____ City _____ State _____ Zip _____

Day phone (_____) _____ Cell (_____) _____

School _____ Age _____ E-mail _____

EXPERIENCE

Years as a Girl Scout _____ Years as a Program Aide _____

Why are you interested in being a Program Aide? _____

Previous experience as Program Aide _____

Leadership roles (e.g., student body, team captain, Leader-in-Training, Counselor-in-Training) _____

Achievements or awards (e.g., school, sports, Girl Scout Bronze or Silver Award, etc.) _____

Training or certification (e.g., first aid, CPR) _____

Greatest strength _____

Area needing improvement _____

Hobbies/interests _____

What age level do you feel most comfortable working with?

Preschool (5 years old and under) Brownies (6-8 years)

Daisy (5 & 6 years) Juniors (8-11 years)

I am interested in being contacted about becoming a Program Aide for:

Council events Yes No Troops Yes No

REFERENCES

List two personal references (other than relatives):

Name _____ Phone (_____) _____ E-mail _____

Name _____ Phone (_____) _____ E-mail _____

I certify that all information provided is true and accurate. I understand that this information is used to determine appropriate responsibilities and roles during camp.

Signature _____ Date _____