



## GSCWM GIRL ADVISORY GROUP - Application

Girl's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program Level:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Troop Number: \_\_\_\_\_ Service Unit: \_\_\_\_\_

What is the main reason you participate in Girl Scouts?

Why do you want to be on the Girl Advisory Group?

Do you have specific ideas you want to discuss? If so, what?

Please tell us about a few Girl Scout programs in which you have participated.

Can you commit to attending advisory group meetings?  Yes  No

*Currently we have planned two in-person meetings: one in late September and one in March. Additionally, we have planned phone and/or web meetings in November, January, and May. And, advisory members will be asked to be a part of the GSCWM Annual Meeting in the Spring of 2011.*

**PARENT/GUARDIAN QUESTIONS:**

Why do you want your daughter to participate in the GSCWM Girl Advisory Group?

Are you committed to providing transportation and supporting them with their participation in this group?  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit finished application to:**  
  
Elizabeth Brooke-Willbanks  
GSCWM Girl Advisory Group Application  
241 Haydenville Road  
Leeds, MA 01053  
  
Email: [ebrookewillbanks@gscwm.org](mailto:ebrookewillbanks@gscwm.org)  
Fax: 413-586-7937