

GSCWM Girl Advisory Board Application

Please submit all finished applications via email bbarcomb@gscwm.org or mail
GSCWM Girl Advisory Board Application, 301 Kelly Way, Holyoke, MA 01040
Attention: Brandi Barcomb

Applicant Information

First & Last Name: _____

Street Address: _____

City _____ State: _____ Zip: _____

E-mail Address: _____ Age: _____ Grade (in fall) _____

Cell Phone Number: _____

By checking this box I agree my Girl Scout is able to receive text messages from us

School Attending: _____

Troop Number: _____ *(not in a troop? Write "Juliette")*

Program Level: Junior Cadette Senior Ambassador

Highest Awards:

I have completed/or are working on my Bronze Award

I have completed/or are working on my Silver Award

I have completed/or are working on my Gold Award

Adult Information

First & Last Name: _____

Relationship to Applicant _____

Phone: _____

Email Address: _____

Why do you want to be a member of the GSCWM Girl Advisory Board (GAB)?



What other Girl Scout activities or awards have you participated in (i.e., program aide, camp, service area event volunteer, etc.)?



Describe any leadership roles you have held (Girl Scout or non-Girl Scout related).



Describe a time when you worked well on a team. Include examples with peers and adults.



Applicant Skills Self-Assessment

<i>Please rate yourself honestly on the following skills</i>	Not at all	Moderate	Good	Exceptional
I am dependable and responsible				
I build positive relationships				
I communicate my ideas and feelings well				
I have empathy and value differences in others				
I collaborate well with my peers				
I collaborate well with adults				
I am adaptable and flexible				
I maintain a positive attitude				
I am a leader				
I make thoughtful decisions				
I am creative				
I maintain high energy and stamina				

Applicant Agreement

If selected, I am committed to serving as a Girl Advisory Board (GAB) member for the Girl Scouts of Central and Western Massachusetts for a minimum of one year.

I will attend all required meeting dates provided to me in September. I meet the qualifications to apply, and I agree to the responsibilities.

Applicant Signature: _____ Date: _____

Adult Permission

I have read the position description and information sheet for the Girl Advisory Board (GAB). To the best of my knowledge, my Girl Scout has a clear understanding of what it means to apply for this position and, if selected, she has my permission to participate.

Adult Signature: _____ Date: _____