

Adult Registered Volunteer Application

Providing a quality Christ-centered program involves a commitment from all families and carefully selecting volunteers based on their walk with Christ and their gifts. While each family is encouraged to actively participate in the Troop to ensure success, our top priority is seeking candidates who have a deep commitment to Jesus Christ and to the AHG mission.

Due to various circumstances, some families may need to volunteer outside of regular meeting times—that's okay! We want to find ways for all qualified willing adults to share their unique gifts and talents with the Troop. Please take time to complete this form to find out how you can serve. Please carefully read the volunteer position descriptions of the troop before filling out this application.

Adult Information

FULL NAME: _____

ADDRESS: _____

EMAIL: _____

BIRTHDAY: _____

☐ CALL ☐ TEXT ☐ EMAIL

EMPLOYER: _____

BEST PHONE: _____

GENDER: ☐ MALE ☐ FEMALE

MARITAL STATUS: ☐ MARRIED ☐ SINGLE
☐ WIDOWED ☐ DIVORCED*

DAUGHTER(S) NAMES & AGES: _____

I have an interest in the following volunteer position(s) & would like more info:

TROOP BOARD ★:

☐ POSITION : _____

UNIT LEADERSHIP:

☐ UNIT LEADER ★ (UNIT : _____)

☐ UNIT ASSISTANT ★ (UNIT : _____)

OTHER:

☐ STARS & STRIPES MENTOR ★

☐ ADULT HOSTESS ★

☐ FLOATING REGISTERED ADULT

☐ REGISTERED ADULT (OVERNIGHTS ONLY)

PLANNING & ADMINISTRATIVE:

☐ TROOP SECRETARY ★

☐ ADVANCEMENT CHAIR ★

☐ FUNDRAISING CHAIR ★

☐ SERVICE PROJECT CHAIR ★

☐ SPECIAL EVENTS CHAIR ★

☐ GIRL LEADERSHIP COORDINATOR ★

☐ LEVEL AWARD COORDINATOR ★

☐ STARS & STRIPES MENTOR ★

☐ THEME PATCH COORDINATOR ★

☐ SINGLE EVENT PLANNING

★ positions are part of our "Ministry Team" and are the backbone of our troop.

The Troop Board will meet at least every three months. The Ministry Team will meet the alternating two

months. Can you commit to make every possible effort to attend the applicable meetings? ☐ YES ☐ NO

I consider my gifts to be:

- ☐ TEACHING
- ☐ HELPING
- ☐ GENEROSITY
- ☐ ADMINISTRATION
- ☐ ENCOURAGING
- ☐ LEADERSHIP
- ☐ HOSPITALITY
- ☐ OTHER: _____

I consider my weaknesses to be:

My Certifications:

- ☐ CPR (expires _____)
- ☐ FIRST AID (expires _____)
- ☐ LIFE GUARD (expires _____)
- ☐ OTHER _____

My Commitments, Experience & History

Please list all of your current commitments and obligations (besides employment) that affect volunteering:

Do you feel confident (considering the above) that you can fully commit to the AHG volunteer role(s) you are applying for and its responsibilities? ☐ YES ☐ NO*

Do you agree to complete all the required training for your position(s) through the AHGequip app in a timely manner? ☐ YES ☐ NO*

Are you/your daughter(s) currently or previously a member of another AHG troop? ☐ YES ☐ NO

Are you/your daughter(s) currently or previously a member of the Girl Scouts? ☐ YES ☐ NO

List and detail any employment or volunteer experience you have working with youth, youth organizations, or working with adult volunteers:

Have you ever been removed or refused from working or volunteering with children? ☐ YES* ☐ NO

Do you regularly attend church? ☐ YES ☐ NO*

List the names, addresses and/or phone numbers of any churches you have been a member of, attended regularly, or have been affiliated with in the last three (3) years. (Please note these churches will be contacted)

Please explain any starred (*) answers given previously as necessary:

<hr/> SIGNATURE OF LEADERSHIP APPLICANT	<hr/> DATE COMPLETED
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We thank you for your interest in being a leader within our troop. Once your application is received it will be reviewed by and kept confidential by the Troop Board. Please complete and return to American Heritage Girls Troop GA-3106 via eMail or traditional mail.

EMAIL:
ahg.ga.3106@gmail.com

US MAIL:
Oconee Heights Baptist Church
c/o AHG Troop GA-3106
4180 Jefferson Road
Athens, GA 30607