

PLEASE PRINT CLEARLY. RETURN TO THE PRIMARY TROOP LEADER.

Name _____
Last First MI

Address _____
Street City State ZIP

Phone _____
Home Cell Business

Email _____

I am interested becoming an approved adult volunteer driver for the Girl Scouts.

I have a good driving record, a valid driver's license for the type and size of vehicle I will be using.

The vehicle I will use to drive Girl Scouts is properly registered and insured*. It is in safe operating condition.

I understand that I will need to have a first aid kit, flashlight and cellular phone on board.

I will:

Ensure that everyone has their own seat and is wearing a seat belt any time the vehicle is moving.

Adhere to the Girl Scout Conduct Policies which include:

- No smoking or use of tobacco products in the presence of girls and other non-users
- No use of illegal substances or abuse of over-the-counter and prescription drugs
- No consumption of alcoholic beverages
- No carrying of firearms or dangerous weapons

Refrain from talking on the phone unless using a hands-free device and not text while driving.

Be a positive role model, and respect all girls and adults equally.

Follow the directions provided by the trip leader, have all important passenger information with me, know established emergency procedures and support and reinforce other instructions provided by the troop leader.

Furthermore,

I understand that if a group is traveling in one vehicle, there must be at least two unrelated, approved adult volunteers in the vehicle, one of whom is female, and the girl-volunteer ratios in Volunteer Essentials must be followed. And that, if the group is traveling in more than one vehicle, the entire group must consist of at least two unrelated, approved adult volunteers, one of whom is female, and the girl-volunteer ratios in Volunteer Essentials must be followed.

I understand that any misrepresentation, omission or falsification of any information provided on this application or during any interview or orientation will be cause for rejection of this application.

Signature

Date

*We suggest that you consult your own auto insurance carrier to discuss whether your insurance coverage is sufficient, given your plans for transporting Girl Scouts.

TROOP LEADER USE
 Date Approved _____ Initials _____
 Date Volunteer Notified _____ Initials _____
**Troop Leader should keep the original document in a safe place.*