

This form to be completed BEFORE starting service: (Please allow at least one week for approval)

Girl Scout Level: Cadette Senior Ambassador

Name of Applicant: _____ Date: _____

Address: _____

(City) (Zip)

Phone#: _____ Email Address: _____

Troop#: _____ Leader's Name: _____ Leader's Phone#: _____

Leader's Email Address: _____

Please Check: I am seeking approval to work with.....

the Girl Scout organization in the following capacity to earn my Community Service Bar for Contributions to Girl Scouting

the following agency to earn my Girl Scout Community Service Bar:

Name of Agency: _____

Address: _____
(street) (city) (zip code)

Contact Person: _____ Phone Number: _____

Description of Proposed Volunteer Duties (20 hrs min):

I have referred to and am following Volunteer Essentials and Safety Activity Checkpoints as they pertain to this project.

Signature of Girl Scout _____
(Signature) (Date)

Signature of Troop Leader _____
(Signature) (Date)

My child has permission to participate in the project _____
(Signature of parent/guardian)

For Office Use:	_____	_____	_____
	Received	Approved	Contacted