



Girl Scouts®



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

COUNCIL DELEGATE APPLICATION

Complete this application and mail or email it to Margaret Tantillo, Girl Scouts of Connecticut, 340 Washington Street, Hartford, CT 06106, mtantillo@gsofct.org.

DEADLINE for receipt of applications is March 15, 2010, at 5:00 p.m.

The date for the next annual meeting is May 4, 2010.

The information requested on this form would also be made available to the eligible voting members in each Region. Please place a star next to any information you do not want publicized.

Each Region will elect the requisite number of Delegates from the pool of eligible Delegate applicants for that Region.

As stated in the Bylaws, Delegates for a Region must be:

- Members of the Girl Scout Movement;
- 14 years of age and older;
- Registered members of Girl Scouts of Connecticut;
- Affiliated with the Region (applicants can only be considered a member of one [1] Region).

As stated in the Bylaws, the responsibilities of the Delegates are as follows:

- Elect the officers and members of the Board of Directors;
- Elect the members of the Board Nominating and Development committee;
- Elect Delegates to the National Convention of GSUSA;
- Determine general lines of direction for the Council by receiving and respond to reports and information from the Board;
- Amend the Articles of Incorporation and the Bylaws as necessary;
- Vote on issues and actions as required;
- Conduct any other business as necessary;
- Attend a minimum of three (3) meetings of the corporation each year.

The number of Delegates are:

- Fourteen (14) delegates will be elected to regions comprised of girl membership between 7,000 and 10,000. No Service Unit can have more than one elected Delegate or Alternate Delegate .
- For every 1,000 girls below 7,000 in a region, representation will be reduced by one. For every 1,000 girls over 10,000 in a region, representation will increase by one.
- Each region can elect up to seven (7) Alternate Delegates who have the authority to act in the absence of a Region Delegate.

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COUNCIL DELEGATE APPLICATION

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Alternate Phone: _____

RACE/ETHNICITY:

____ African American

____ American Indian/Native Alaskan

____ Asian/Pacific Islander

____ Hispanic Origin

____ White

____ Other

AGE GROUP:

____ 14-17 yrs. ____ 18-29 yrs. ____ 30-39 yrs.

____ 40-49 yrs ____ 50-59 yrs. ____ 60+ yrs.

REGION #: _____

CANDIDATE EXPERIENCE

GIRL SCOUT EXPERIENCE: List present and most recent first.
POSITION LOCATION DATE(s)

OTHER VOLUNTEER ORGANIZATIONS:

EMPLOYMENT HISTORY:

EDUCATION:

OTHER PERTINENT INFORMATION:

WHY DO YOU WANT TO BE A DELEGATE:

I am interested and able to perform the duties of Delegate for my Region for the following terms (please specify term; select as many as applicable).

_____ 1 year
_____ 2 years
_____ 3 years

I agree that, if elected, I will carry out the responsibilities of a Delegate as outlined in the Bylaws and will represent my Region as an informed Delegate.

Signature

Date