



SERVICE CENTERS

Bridgeport

87 Washington Ave.
Bridgeport, CT 06604
(203) 334-3145
Fax (203) 696-3821

Hartford

340 Washington St.
Hartford, CT 06106
(860) 522-0163
Fax (860) 548-0325

Middletown

27 Washington St.
Middletown, CT 06457
(860) 347-5768
Fax (860) 346-2575

North Haven

20 Washington Ave.
North Haven, CT 06473
(203) 239-2922
Fax (203) 239-7220

North Windham

4 Industrial Park
North Windham, CT
06256
(860) 423-5502
Fax (860) 423-7953

Torrington

663 East Main St.
Torrington, CT 06790
(860) 482-4495
Fax (860) 489-8936

Waterbury

171 Grandview Ave.
Suite 102
Waterbury, CT 06708
(203) 757-1340
Fax (203) 591-1729

Wilton

529 Danbury Rd.
Wilton, CT 06897
(203) 762-5557
Fax (203) 762-0688

REFERENCE FORM PROCEDURE

Instructions for Applicant

Please fill in your name and the town in which you intend to volunteer on the reference form on the following page.

Give each of your three (3) references (non-relatives who are familiar with your qualifications) a copy of the reference form, along with a stamped envelope addressed to the attention of Membership Services at the Service Center specified in your welcome letter or nearest you.



GIRL SCOUTS OF CONNECTICUT, INC.

www.gsocct.org 1-800-922-2770 (CT only)

REFERENCE FOR APPLICANT FOR VOLUNTEER POSITION IN GIRL SCOUTING

The person named below is applying for a Girl Scout volunteer position and has given your name as a reference. If appointed, this individual would be working in a leadership position with girls between the ages of 5 and 17 from all segments of the population. Girl Scouting provides an opportunity for girls to have fun, learn new skills, develop leadership abilities, manage their own activities, and become vital members of the community. Girl Scout volunteers also work with parents and other adults who are interested in providing quality programs for girls.

To help assess the individual's ability to serve in a leadership role within Girl Scouting, please complete the below form. Your comments will be confidential and will not be shared with the applicant. Thank you.

Name of Applicant:				Town in which applicant is interested in volunteering:	
How long and in what capacity have you known the applicant?					
What would you consider the applicant's strongest asset? What would you consider a weakness of the applicant?					
Please rate the following using the number scale below. 1-Excellent 2-Good 3-Average 4-Fair 5-Poor 6-Unknown					
Motivation	Teamwork	Sense of Humor	Patience	Speaking Skills	Planning Skills
Leadership	Flexibility	Enthusiasm	Reliability	Interpersonal Skills	Listening Skills
Would you be willing to place your daughter, or a child for whom you are responsible, under the applicant's supervision, guidance, or care?					
Yes	No	Why not?			
Print Name:					
Address:					
Phone:			Email:		
Signature:			Date:		

Please mail completed reference form in the self-addressed envelope provided to the Girl Scouts of Connecticut, Inc., Attn.: Membership Services.