

Group Committee Application

General Information

Name			
Address	City	State	ZIP
Home Phone	Cell Phone		
Email Address			

In which capacity are you interested in participating? Select all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Board – TA Unit Manager | <input type="checkbox"/> Co. Adult Mariner Rep. | <input type="checkbox"/> Travel Advisor |
| <input type="checkbox"/> Board – TA Unit Treasurer | <input type="checkbox"/> Co. Girl Traveler Rep. | <input type="checkbox"/> Mariner Troop Leader |
| <input type="checkbox"/> Board – TA Unit Cookie Mgr. | <input type="checkbox"/> Co. Girl Trailblazer Rep. | <input type="checkbox"/> Trailblazer Troop Leader |
| <input type="checkbox"/> Co. Adult Traveler Rep. | <input type="checkbox"/> Co. Girl Mariner Rep. | <input type="checkbox"/> Trip Chaperone |
| <input type="checkbox"/> Co. Adult Trailblazer Rep. | <input type="checkbox"/> Troop Treasure | <input type="checkbox"/> Other: _____ |

Adults:						
Are you a GS Leader?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which level(s)?	<input type="checkbox"/> Daisy	<input type="checkbox"/> Brownie	<input type="checkbox"/> Junior	<input type="checkbox"/> Cadette	<input type="checkbox"/> Senior	<input type="checkbox"/> Ambassador
Girls:						
Are you a Girl Scout?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which level?	<input type="checkbox"/> Cadette			<input type="checkbox"/> Senior	<input type="checkbox"/> Ambassador	

Executive Board Positions

Complete this section ONLY if you are applying to fill one of the Executive Board positions.

Which position do you want to fill?	
<input type="checkbox"/> Board – TA Unit Chair (adult) <input type="checkbox"/> Board – TA Unit Treasurer (adult) <input type="checkbox"/> Board – TA Unit Cookie Manager (adult)	<input type="checkbox"/> Board – Adult County Rep. (adult) <input type="checkbox"/> Board – Girl County Rep. (girl)

Please list all applicable experience that would make you the best candidate for this position. Refer to the position description for detailed requirements.

County Representatives

Complete this section ONLY if you are applying to fill one of the County Representative positions.

In which County do you reside?

- | | |
|---|---|
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Carroll County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Harford County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Howard County |

Which position do you want to fill?

- | | |
|--|---|
| <input type="checkbox"/> Co. Adult Traveler Rep. | <input type="checkbox"/> Co. Girl Traveler Rep. |
| <input type="checkbox"/> Co. Adult Trailblazer Rep. | <input type="checkbox"/> Co. Girl Trailblazer Rep. |
| <input type="checkbox"/> Co. Adult Mariner Rep. | <input type="checkbox"/> Co. Girl Mariner Rep. |
| <input type="checkbox"/> TA Unit Manager | <input type="checkbox"/> TA Unit Treasurer |
| <input type="checkbox"/> TA Unit Cookie Manager | |

Please list all applicable experience that would make you the best candidate for this position. Refer to the position description for detailed requirements.

Troop/Group Representatives

Complete this section ONLY if you are applying to fill one of the TA Troop/Group Level positions.

In which Trip are you interested? (Complete ONLY if applying to lead a Council-Sponsored Trip)

1st Choice:

2nd Choice:

Which position do you want to fill?

- | | | |
|--|---|---|
| <input type="checkbox"/> Travel Advisor | <input type="checkbox"/> Mariner Leader | <input type="checkbox"/> Trailblazer Leader |
| <input type="checkbox"/> Traveler Treasurer | <input type="checkbox"/> Mariner Treasurer | <input type="checkbox"/> Trailblazer Treasurer |
| <input type="checkbox"/> Traveler Cookie Manager | <input type="checkbox"/> Mariner Cookie Manager | <input type="checkbox"/> Trailblazer Cookie Manager |
| <input type="checkbox"/> Traveler Chaperone | | |

Please list all applicable experience that would make you the best candidate for this position. Refer to the position description for detailed requirements.

Signature

All information provided on this form is correct and accurate to the best of my knowledge.

I have read and understand the Group Committee Position Descriptions. I agree to hold all information obtained as a result of my application to, or affiliation with, this committee confidential; unless authorized by Council to release such information. I further agree to conduct myself in a professional, respectful and positive manner.

Signature

Date

Email the completed Application to: membercare@gscm.org

Created: 04/13/2020 JMH