

## 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: _____             |

<b>Adults:</b>						
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
<b>Girls:</b>						
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<br><input type="checkbox"/> Baltimore County<br><input type="checkbox"/> Baltimore City | <input type="checkbox"/> Carroll County<br><input type="checkbox"/> Harford County<br><input type="checkbox"/> Howard County |
|---|--|

Which position do you want to fill?

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

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)

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Which position do you want to fill?

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

## **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](mailto:membercare@gscm.org)**

*Created: 04/13/2020 JMH*