



Girl Scouts.

GIRL SCOUT COUNCIL OF GREATER NEW YORK, INC
43 WEST 23 STREET, NEW YORK, NEW YORK 10010
212-645-4000 © FAX 212-645-4599

CAMP CONSULTANT INFORMATION FORM



INSTRUCTIONS: Please type or print clearly
DATE:
SOCIAL SECURITY NUMBER
NAME
REGISTERED GIRL SCOUT?
ARE YOU 18 YEARS OR OLDER?
PERMANENT ADDRESS (No AND STREET) CITY STATE ZIP
PERMANENT PHONE
PRESENT ADDRESS (No AND STREET) CITY STATE ZIP
PRESENT PHONE
PRESENT OCUPATION OR YEAR IN SCHOOL
DATES AVAILABLE FROM: TO:
WHERE DID YOU LEARN ABOUT THIS CONSULTANT POSITION?
Have you ever been convicted of a crime (other than a traffic violation) ? If yes, state offense, date and location.
(A conviction record will not necessarily be cause for disqualification to be a consultant)
Please check Consultant position desired:
Assistant Camp Director Health Supervisor Program Specialist Waterfront Director
Business Manager Kitchen Aide Unit Counselor Other (Specify)
Cook Lifeguard Unit Leader
Food Supervisor Program Director Waterfront Assistant
EDUCATION: Please list names, dates, degrees (High School, College and Graduate School)
SCHOOL DATES HIGHEST GRADE COMPLETED DEGREE
COURSES IN LEADERSHIP OR CAMP TRAINING:
COURSE NAME DATES AGENCY
CONSULTANT POSITIONS HELD: Please begin with your most recent first.
DATES CONSULTANT POSITION NAME, ADDRESS & PHONE No OF CONTACT PERSON

