

Girl Scouts - Sybaquay Council
Prospect Referral for Girl Scout Volunteer Positions



Suggested for position of: _____ Date: _____
 Board of Directors Nominating Committee
 Board/Council Committee - please specify: _____

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Business affiliation _____ Phone (____) _____

Age group: 14-18 18-30 30-45 45-60 60+

Racial/ethnic background (for information purposes only):

American Indian/ Alaskan Native Asian/Pacific Islander
 Black /African American White
 Two or more races Other races Also Hispanic

Note: Board members may not also hold current Girl Scout leadership or service unit positions.

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Currently a GS member? ___ no ___ yes If yes, in what position(s):

Experience and/or positions held in Girl Scouts or other community organizations:

Special interests/skills:

Referred by or name of person who can supply more information about this prospect:

Name _____ E-mail address _____

Phone (_____) _____

Send completed card to: Nominating Committee Chair
Girl Scouts - Sybaquay Council
12N124 Coombs Road
Elgin, IL 60124

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