

Girl Scouts of Gateway Council
Jacksonville Service Center
1000 Shearer Street
Jacksonville, FL 32205-6055
T 904 388-4653 F 904 384-1542
877-764-5237



Girl Scouts of Gateway Council
Gainesville Service Center
810 NW 8th Street
Gainesville, FL 32601
T 352-376-3004 F 352-373-1998
866-868-6307

Girl Scouts of Gateway Council Volunteer Self-Assessment Interview

Name: _____

Volunteer Position applying for: _____

Date available to begin position: _____

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Why do you want to be a Girl Scout Volunteer?

List three skills/experiences that you will use in your volunteer position.

How much time and effort do you believe this volunteer opportunity requires?

Please describe the training, supervision, and support you believe that you will receive.

Please identify two ways that you hope that you will benefit girls.

Please identify two ways that you hope volunteering will benefit you.

Are there other positions that you may be interested in?

Additional Comments:

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This section to be completed by the coach at the time of the assessment.

- Recommended for appointment:
- Recommended for following position/assignment:
- Not recommended for reappointment:

Additional Comments:

Coach's Signature: _____ Date: _____

Volunteer's Signature: _____ Date: _____

Note: Please forward this self-assessment to Jacksonville Service Center or Gainesville Service Center within 5 days to be placed in the volunteer file.