

Date Received _____

Before completing this form, read the **Event Fact Sheet** and "**Tips and Pointers**" sheet.

If printed complete this form in black pen as black photocopies best for the selection process.

Check one: **Guider**

Event:

Girl

Event Date:

Name of Applicant: **Ms** **Mrs.** **Miss iMIS #**

(Last Name)

(First Names)

Address:

(No.) (Street) (Apt. No.) (City or Town) (Province) (Postal Code)

Phone: Home:

Business:

Family E-Mail:

Unit:

District:

Area:

GIRL APPLICANT

Date of Birth:

Age by Start of the Event:

Education - Present Grade or Grade Completed:

Experience in the Guide Movement (indicate number of years):

Spark: Ember: Guide: Pathfinder: Ranger: Jr. Leader:

Current Registration As: Guide Pathfinder Trex Ranger

ADULT APPLICANT

Experience in the Guide Movement (indicate number of years):

Spark: Ember: Guide: Pathfinder: Ranger: Jr. Leader:

Guider: Other:

Positions held:

Present Position:

Guider: Branch: Other:

We protect and respect your privacy. Your personal information is used to communicate within our organization. We do not provide or sell this information outside our organization. For further information, see our privacy statement at (www.girlguides.ca)

AB-Camping-01

Applicant Name: _____

ALL APPLICANTS:

Qualifications (Guiding and other) - Include Certifications with expiry date if applicable (Be Specific):

Awards (Guiding and other):

**Travel and/or Living Experience IN GUIDING: In
Canada:**

Out of Canada:

**Travel, Camping and/or Living Experience OUT OF GUIDING: In
Canada:**

Out of Canada:

AB-Camping-01

Applicant Name: _____

ALL APPLICANTS:

Particular skills you could contribute during the event (things you like to do that you could share with others):

Resume of Interests and Activities OUTSIDE of Guiding (Include other Volunteer Work, Memberships): AB-

Camping-01

Applicant Name: _____

**Please note: SELECTED APPLICANTS MUST ADHERE TO THE TRAVELING SCHEDULES AND
ARRANGEMENTS PLANNED BY
GIRL GUIDES OF CANADA-GUIDES DU CANADA, ALBERTA COUNCIL.**

- I agree to send a written report of the event to the Alberta Council Selections Chairwoman within two weeks of my return.
- I agree / do not agree (circle one option) to have my name and contact information circulated among other Alberta Council applicants selected for my events.

Date: _____
(Day/Month/Year)

Signed by: _____
(Applicant)

PERMISSION FOR GIRL APPLICATION ONLY:

Permission is hereby granted for: _____

To attend (Event Name): _____

Date: _____
(Day/Month/Year)

Signed by: _____
(Parent/Guardian)

GUARANTEE OF FINANCIAL RESPONSIBILITY - ADULT + GIRL APPLICATIONS:

Financial responsibility over and above that given by Girl Guides of Canada-Guides du Canada, Alberta Council is guaranteed by:

Date: _____
(Day/Month/Year)

Signed by: _____

Address: _____

Mail or deliver your application (AB-Camping-01 and AB.Camping-05) to:

Girl Guides of Canada, Alberta Council

11055 107 St. NW
Edmonton AB T5H 2Z6

OR Scan/Email To: **any-camping@girlguides.ca** OR
FAX to: **780.426.1715**

Attention: Interprovincial Selections

***** Applications received after the published deadline will not be considered. *****

AB-Camping-01