



**Basic Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

What is your total number of years in Girl Scouting? Girl Years: \_\_\_\_\_ Adult Years: \_\_\_\_\_

**What types of training would you most like to do for GSK? (List)**

**What strengths do you believe you will bring to GSK's training program?**

**Are you currently certified or authorized as a trainer for any agencies? Please list course names, agency, and date certification expires:**

Name of Certification / Authorization	Certifying Agency	Exp. Date

**Girl Scout Experience: List present and most recent past Girl Scout volunteer activities.**

Position Title or Major Responsibilities	Begin Date	End Date	Council

**Professional and Other Experience: List professional and other experience you have had which are related to Adult Learning/Training. Include any relevant work as a volunteer for agencies outside of Girl Scouting.**

Position Title or Major Responsibilities	Begin Date	End Date	Council

**References: List two personal references who can speak to your Girl Scout and/or Adult Learning/Training experience. (Exclude family members and Girl Scout staff.)**

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Address: \_\_\_\_\_

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Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

**By submitting this trainer application, I indicate my willingness to attend a trainer orientation and participate in an assessment and/or training process which will determine if I become a GSK trainer.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to:  
 Louisville PLC Attn: Lydia Gohmann  
 2115 Lexington Road  
 Louisville, KY 40206  
 or email to [training@gskentuckiana.org](mailto:training@gskentuckiana.org).