

**Girl Scout Council of the Nation's Capital
CONGRESSIONAL AIDE PROGRAM APPLICATION**

**Application must be received by 5 pm on March 1.
*This date has changed from previous years.***

Applicants must be Girl Scout Seniors or Ambassadors entering 10th, 11th, or 12th grade or recent high school graduates. The order of placement is:

1. Girls who applied in a previous year, but were dropped from positions
2. Girls who have graduated and were not placed in previous years
3. Girls entering 12th grade who have previously applied.
4. Girls entering 12th grade.
5. Girls entering 11th grade who have previously applied
6. Girls entering 11th grade.
7. Girls entering 10th grade.

Occasionally, we may place a girl with lower priority because no girl with higher priority was available to fill an open week. Please note: letters of reference will be considered when placing girls. A negative reference may affect a girl's chances of being placed.

Assn #	SU #	Troop #	Program Level	
Applicant's Name			Girl Scout ID #	
Address				
City			State	Zip
Home Phone	Cell Phone	Email		
Parent Cell Phone		Parent Email		
Birth date	Age		Current Grade	Class of
School	US Congressional District			
Have you previously applied to be a Congressional Aide? NO YES If yes, what year? _____				
Have you ever served as a Congressional Aide? (circle) NO YES If yes, what year? _____ <small>* Please note: Due to the high demand for placements, girls are not likely to be placed twice.</small>				
If no, were you given a placement and subsequently dropped? (circle) NO YES If yes, what year? _____				

**Email is GSCNC's primary form of communication. Please only list email addresses that you check regularly. If you or your parents never check email, please include a note to let us know the best way to reach you.

Answer the following questions on up to two additional sheets of paper. Please type your answers if possible.

1. Describe why you want to be a Girl Scout Congressional Aide. Include any skills you would like to practice while you are on Capitol Hill.
2. Describe your educational goals and how you plan to achieve them.

Please include with your application:

- A resume listing your Girl Scout experience, extra-curricular activities, community service experience, and any volunteer or paid jobs. *Resume writing will be covered at an upcoming Congressional Aide workshop.*
- Two references from non-family members attesting to your maturity, responsibility, and readiness to participate in the Congressional Aide program. *Please have each reference sign her/his name across the sealed flap of the envelope to ensure confidentiality. All references will be kept confidential within GSCNC, and references will not be released to Congressional offices.*

CONGRESSIONAL AIDE PROGRAM APPLICATION (continued)

1. Name _____
2. Parent(s) day phone #'s: Mother/Guardian _____
Father/Guardian _____
3. Please give us the name and telephone number of another person who lives in the area that we can contact if we cannot reach a parent/guardian in the event of an emergency.

Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____

4. Please number the weeks you are available, placing #1 as your first choice, etc. **Mark only the weeks you are sure you will be available this summer.** The more weeks you check, the more likely you are to be placed. **If you are selected to attend an Orientation, you will have the opportunity to adjust this section at that time.**

2010 Dates

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 21-25 | <input type="checkbox"/> July 19-23 | <input type="checkbox"/> August 9-13 |
| <input type="checkbox"/> June 28-July 2 | <input type="checkbox"/> July 26-30 | <input type="checkbox"/> August 16-20 |
| <input type="checkbox"/> July 6-9 | <input type="checkbox"/> August 2-6 | <input type="checkbox"/> August 23-27 |
| <input type="checkbox"/> July 12-16 | | |

5. Do you have experience in any of the following areas? Check all that apply:

- Microsoft Office suite (Word, Excel, PowerPoint)
- Microsoft Outlook
- HTML and website management
- Filing paperwork
- Communications skills (professional writing/phone conversations)
- Foreign language (indicate which language and your level of experience) _____
- Other skills you'd like us to be aware of: _____

The following questions are designed to help us in matching your interests and experience to a Congressional office. Your answers will not negatively affect our decision to place you.

1. Have you ever lived in another state? If so, which one(s)? _____
2. Do you have any special needs or considerations?

3. Are you currently working on earning a Gold Award or Silver Trefoil? NO YES
If you have submitted a Project Proposal, what is your project topic? _____

4. Is there a Congressional or Senatorial office in which you would prefer NOT to work?

Please list: _____

Why? _____

GSCNC cannot guarantee placement or availability that meets your office preference.

Please Note: All parts of the application must be mailed together and be received by **March 1st at 5 pm** for consideration in the program.

If GSCNC expects to be able to secure a placement for you, you will be required to attend a **mandatory** orientation in May/June. If you do not attend an orientation session, your application will be considered incomplete and you will not be placed as a Congressional Aide for the year. While it is GSCNC's intention to place all girls who are invited to an orientation, offices do occasionally drop out of the program after girls are placed. If this happens, GSCNC will make every effort to find a new placement for dropped girls, but no guarantees can be made.

I understand that while I am a Congressional Aide I must abide by the rules established by GSCNC and my supervisor in the office to which I am assigned. I understand that I will not be allowed to participate in the program unless I attend an orientation.

Participant's Signature

Date

I have read the description of the Congressional Aide program and understand that my daughter must comply with the rules established by GSCNC and her supervisor. I give my permission for her to participate and understand that I am responsible for her transportation.

Parent/Guardian Signature

Date

All parts of the application should be submitted **in one mailing**. If this is not possible, GSCNC will accept email submissions of your Application Form, Health History, Behavioral Contract, and Resume as attachments to **one email**. You can then mail your two letters of reference together in **one envelope**. If application materials arrive in separate mailings, the chances of your application going astray are greatly increased.

Mail all parts of your completed application **in one envelope** to:

GSCNC/ Congressional Aide
4301 Connecticut Avenue NW, M-2
Washington, DC 20008

Program Name: Congressional Aide Program 2010

Girl's Name _____ Age _____ Grade _____ Birth date ____/____/____
Address _____ Phone _____
City _____ State _____ Zip _____ Email _____
Mother/Guardian _____ Day phone _____
E-mail _____ Evening phone _____ Cell or pager _____
Father/Guardian _____ Day phone _____
E-mail _____ Evening phone _____ Cell or pager _____
School Attending _____ State _____ Grade _____
Troop # _____ Level _____

The registrant's racial background is: *(optional)*

- American Indian or Alaskan Native Asian Black or African American White Other _____
 Hawaiian or Pacific Islander *(please check one)* Hispanic or Latina Not Hispanic or Latina

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: _____ Phone: _____
Name/ Relationship: _____ Phone: _____

HEALTH HISTORY – All Information provided will be kept confidential

Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed

Are all immunizations up to date? ____ Yes ____ No If no, please state reason: _____

Please provide comments where applicable: Medication being taken _____

Special dietary needs/restrictions: _____ Weight of girl for dosage purposes: _____

Specific information including physical, psychiatric or behavioral problems: _____

Insurance company: _____ Policy Number: _____ Group # _____

Family physician: _____ Phone: Day _____ Eve _____

Parent Permission Statement

† The health history is correct as far as I know, and the person herein described has my permission to engage in all events activities except as noted. If she appears ill, I will not send her.

† **EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child.

† The Girl Scouts may use any photo in which my child appears to promote Girl Scouting. I understand my daughter will become a registered member of Girl Scouts of the USA through participation in this program.

Parent/Guardian Signature required:

Signature _____ Date _____

Send this form, along with the rest of your Congressional Aide Application, to GSCNC, attn: Congressional Aide, 4301 Connecticut Avenue, NW, Washington, D.C. 20008