



GIRL GUIDES OF CANADA – ALBERTA COUNCIL

**INTERPROVINCIAL EVENTS
Application Form**

Before completing this form, read the “**Tips and Pointers**” sheet.

Please print. Complete this form in black pen as black photocopies best for the selection process.

Check one: **Guider** **Event:** Nova Scotia Heritage Camp

Name of **Ms**

Applicant **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:** _____

Education and/or Training: _____

Employment Positions Held: _____

Volunteer Work: (Service to others)/Memberships in other Clubs _____

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)

Applicant Name: _____

Experience in the Guide Movement (indicate number of years)

Spark: _____ Brownie : _____ Guide: _____ Pathfinder: _____ Ranger: _____ Cadet: _____ Jr. Leader: _____

Guider: _____ Other: _____

Present Position (check) Contact Guider: _____ Assistant Guider: _____ Branch/Unit: _____

Other Current Positions:

Qualifications: (Guiding and other):

Awards: (Guiding and other):

Travel and/or Living Experience:

A) IN GUIDING

In Canada: _____

Out of Canada: _____

Applicant Name: _____

Travel and/or Living Experience:

B) OUT OF GUIDING

In Canada: _____

Out of Canada: _____

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

Applicant Name: _____

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

- I agree to send a written report of the event to the Provincial Selections Chairwoman within two weeks of my return.
- I agree to have my name and contact information circulated among other Alberta applicants selected for my events.
- I do not want my name and contact information circulated among other Alberta applicants selected for my event.

Date: _____ Signed by: _____
(day/month/year) (Applicant)

GUARANTEE OF FINANCIAL RESPONSIBILITY

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

Signature: _____ Address: _____

Date: _____

Signed by: _____ iMIS # _____ Date: _____

(District or Area Commissioner for adult applicant)

Mail, fax or deliver your application (page 1-4 of AB-Camping.01 (NS application) and AB.Camping.05) to

Girl Guides of Canada-Alberta Council

11055 107 St. NW
Edmonton AB T5H 2Z6

Attention: Interprovincial Selections

Or email to camping@albertagirlguides.com

Applications received after the published deadline will not be considered.