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**Girl Scouts of Greater Chicago and Northwest Indiana**

*www.girlscoutsgcnwi.org*

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**Council Trainer Application**

Name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

E-mail: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone:(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

May we call you at work? yes no Work Phone Number: \_\_\_\_\_

Girl Scout Region or Regional Office: \_\_\_\_\_

1. Why are you interested in becoming a council trainer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What to you feel are your greatest strengths at a potential trainer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Have you participated in a Train the Trainer course with another organization? yes no

If yes, what organization? \_\_\_\_\_ When? \_\_\_\_\_

4. What other training skills/experience do you have?

Designing/revising training materials \_\_\_\_\_

Working with adults \_\_\_\_\_

Public Speaking or Presentation Skills \_\_\_\_\_

Developing Power Point or other computer presentations \_\_\_\_\_

Leading Webinars or other technology based learning experiences \_\_\_\_\_

Other: \_\_\_\_\_

5. Please list your current and past involvement in Girl Scouting. Include the Girl Scout training you have taken for those positions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please list name, phone, e-mail/fax information, relationship/affiliation for a person who will serve as a personal reference for your willingness and ability to be a council trainer:

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

Day Phone:(\_\_\_\_)\_\_\_\_\_ Evening Phone: (\_\_\_\_)\_\_\_\_\_

E-mail or Fax: \_\_\_\_\_

Relationship/affiliation to applicant: \_\_\_\_\_

7. As an apprentice trainer, you will be assigned a mentor. Please complete the attached survey. The information provided will assist us in matching you with a mentor.

OPTIONAL INFORMATION:

1. Do you have professional teaching or training experience? \_\_\_yes \_\_\_no

If yes, what type? \_\_\_\_\_

2. Please list any other teaching or training experience you have such as coaching, teaching Sunday School, other volunteer organizations, etc. \_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in joining the council training team.

**Please return your completed application to:**

**Debbie Nawara**  
**Director of Adult Development and Training Innovation**  
**Girl Scouts of Greater Chicago and Northwest Indiana**  
**Lisle Regional Service Center**  
**2400 Ogden Avenue, Lisle, IL 60532**  
**phone: 630-544-5975**  
**fax: 630-544-5999**  
**e-mail: [dnawara@girlscoutsgcnwi.org](mailto:dnawara@girlscoutsgcnwi.org)**