



Application for Jump-In Leadership Program
1 Commerce Dr., Bedford, NH 03110-0832
Phone: 888.474.9686 / Fax: 603.627.4169
Return to customercare@girlscoutsgwm.org

Office Use Only:

Name: _____ Current Grade _____ Age _____
 Address: _____ City: _____ State _____ Zip: _____
 Phone: (_____) _____ Email: _____
 Parent/Guardian Name: _____ Email: _____

Confirm Training Dates and Coach Dates. Three training dates are required.

<input type="checkbox"/> Jump In Coach Training May 10-11 (overnight)	<input type="checkbox"/> Jump-In Coach July 1-3, Vergennes, VT
<input type="checkbox"/> Jump-In Coach Training Sunday June 9	<input type="checkbox"/> Jump-In Coach July 8-12, South Burlington, VT
<input type="checkbox"/> Jump-In Coach Training Saturday June 29	<input type="checkbox"/> Jump-In Coach July 9-10-11, Bedford, NH
	<input type="checkbox"/> Jump-In Coach July 15-19, South Burlington, VT
	<input type="checkbox"/> Jump-In Coach July 22-26, South Burlington, VT

When/Where did you take Program Aide Training? If you have not yet taken Program Aide Training, when are you registered to take this required training? _____

For each skill, please rate your level of skill as:
 (1) Something you would like to learn
 (2) Something you have experience with
 (3) Something you can teach

<input type="checkbox"/> Coach Voice	<input type="checkbox"/> Twirling
<input type="checkbox"/> Being a Role Model	<input type="checkbox"/> Single Rope Skills
<input type="checkbox"/> Yoga	<input type="checkbox"/> Long Rope Skills
<input type="checkbox"/> Dance	<input type="checkbox"/> Partner Rope Skills
<input type="checkbox"/> Active Games	<input type="checkbox"/> Tinikling
<input type="checkbox"/> Name Games	<input type="checkbox"/> Double Dutch
<input type="checkbox"/> Stretching	<input type="checkbox"/> Group Jumping
<input type="checkbox"/> Supervising girls	<input type="checkbox"/> Other _____
<input type="checkbox"/> Check in and Check out	<input type="checkbox"/> Other _____

Why are you interested in becoming a Jump-In Coach?

What is something you might need help with as a Jump-In Coach?

Tell us about a time you worked as part of a group. How did you work as a member of the team?

What is one thing you want to work on this summer (public speaking, team building, jump rope skills, etc.)? _____

What grade level of girls would you prefer to work with? K 1 2 3 4 5	What is your T-shirt size for your coach shirt? Youth L Adult M L XL
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References: List three adults not related to you, who can speak about your character and qualifications for Jump-In coach.

Name	Email	Phone	Position/Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Girl's Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____