

# Take the lead.

2026 Girl Scouts of Western New York

## Girl Advisory Board

Applications Received on a Rolling Basis



This opportunity allows you to significantly impact the Girl Experience at GSWNY. As a member of the Advisory Board, you'll advise council staff, design programming, attend monthly board meetings, and share your insights on Girl Programs. Your role also involves developing training, participating in recruitment events, and representing GSWNY in press photos, public relations, and media appearances. You'll serve in this position until graduation or until you formally resign, with the potential to travel globally as a GSWNY representative.

# INSTRUCTIONS:

1. Must be 13 years of age by July 1, 2025.
2. Type or print clearly in the form. Continue questions on a new page if your answers are longer than the space provided. Clearly label the additions.
3. Fill out the application completely. You can fill it out on the computer, save the completed form, then email it OR print this form, fill it out using pen, then make a photocopy for yourself.
4. Submit your completed application to GSWNY. Applications may be emailed to **girl.experience@gswny.org**

**Girl Scouts of Western New York will select new members to fill open positions.** Girls selected for the Girl Board are making a **tenured commitment** to this position. This means girls will hold this position until graduation or resignation of their Girl Scout annual membership. Meetings for this group will be held **once per month** with additional opportunities for engagement throughout the year. **The monthly meeting is mandatory.**

Questions? Contact the Girl Experience Team at [girl.experience@gswny.org](mailto:girl.experience@gswny.org) or call our Customer Care team at 1-888-837-6410.

## 2026 GSWNY Girl Advisory Board

### APPLICANT INFORMATION:

Girl Name:	<input type="text"/>	Girl Telephone:	<input type="text"/>
Girl E-mail:	<input type="text"/>	Troop #:	<input type="text"/>
Girl Birth Date:	<input type="text"/>	SU #:	<input type="text"/>
Present School Grade:	<input type="text"/>	Age:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	School Name:	<input type="text"/>
Parent/Guardian E-mail:	<input type="text"/>	Parent Telephone:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>

### APPLICANT QUESTIONS

**1. Describe your current interests in serving on the GSWNY Girl Board. How would you bring your specific knowledge, skills, and interests to the Girl Advisory Board? Think: what community issues you would like to help tackle as a member? What would you like to see accomplished during your tenure?**

**2. My biggest or favorite accomplishment through Girl Scouts is...**

**3. Make a list of what activities (sports, clubs, or other activities) you do outside of school and Girl Scouts.**

# 2026 GSWNY Girl Advisory Board

Please verify the contact information you entered on the previous page is correct.  
Follow the instructions on page one to submit your completed application.

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## SIGNATURES Typing your names into the below fields counts as a legal signature on this form.

**1. Applicant Understanding:** *I have read the application and feel I am able to participate in the Girl Advisory Board. If I am selected, I have definite intentions of participation as outlined in the requirements.*

*Further I agree to make a commitment to serve as an active participant on the Girl Advisory Board for the remainder of my time as a Girl Scout until graduation or resignation.*

Applicant's signature:

Date:

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**2. Parent/Guardian permission:** *I have read the description of the Girl Advisory Board to which my daughter is applying. To the best of my knowledge I have a clear understanding of what she has applied for, and if selected, she has my permission to participate. I will also serve as a catalyst to her service on the Girl Advisory Board*

☐ **YES**    ☐ **NO**    I grant Girl Scouts of Western New York permission to share her e-mail address with other Girl Scout participants.

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**NOTE:** Girl Scouts of Western New York wants to provide a pleasant and enjoyable experience for every participant. If your child is a person with a disability and may need accommodations or further information, please contact: [girl.experience@gswny.org](mailto:girl.experience@gswny.org)

Parent/Guardian name:

Parent/Guardian signature:

Date: