

# TANZANIA GIRL GUIDES ASSOCIATION



## MEMBERSHIP FORM

SECTION 1: PERSONAL INFORMATION	
FULL NAME	
DATE OF BIRTH	
PLACE OF RESIDENCY	
ADDRESS	
PHONE NUMBER/ WHATSAPP NUMBER	
EMAIL	
OTHER METHODS OF COMMUNICATION	
YOU ARE CURRENTLY INVOLVED	<input type="checkbox"/> Employee <input type="checkbox"/> Labourer <input type="checkbox"/> Businesswoman  <input type="checkbox"/> Students  <input type="checkbox"/> Full time <input type="checkbox"/> Part time
<b>Next of kin information</b>	
Name :	Relationship
Phone 1:	E-mail:
Address:	

**SECTION :2 SKILLS AND EXPERIENCE**

*Please tick the relevant box.*

- Teaching, leading training for adults
- Teaching school youth or groups
- Education on Guiding training (Scout)
- Experience working with young people

***Please briefly describe your experience:***

<b>Languages you speak</b>	
<b>Other work/volunteer organization you are/are involved in</b>	
<b>Hobby/ Interest</b>	
<b>Why are you interested in joining Girl Guides?</b>	
<b>Please indicate your availability</b>	
<b>Where have you heard about Girl Guides?</b>	
<b>SIGNATURE..... DATE.....</b>	

**SECTION 4: OFFICE USE**

Regional Commissioner:

Signature

District Commissioner:

Signature

National Trainer:

Signature

:

**CONFIDENTIALITY:**

All information will be used for official use and will not be disclosed to anyone who is not involved

**Signature:**

**Name:**

**Date:**