

## EQUIVALENT EXPERIENCE DOCUMENTATION APPLICATION

Complete and submit to Safety Management Team, Girl Scouts of Virginia Skyline Council, 3663 Peters Creek Rd, Roanoke, VA 24019.

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

Address: \_\_\_\_\_  
Street City State Zip

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

Email: \_\_\_\_\_

I am applying for Equivalent Certification for: (type of activity) \_\_\_\_\_  
\_\_\_\_\_

I plan to use these skills to: (describe what group, when and where you will be leading the activity)

Complete all that apply (additional pages may be added):

I. Work Experience (paid or volunteer) – list any work experience you have had involving this skill. Include dates and job descriptions.

II. Training Taken – List course name, date taken, and grade received, and attach an outline of course contents.

III. References – Provide two letters from employers, or other persons (not relatives) competent to make a statement about your skills. Reference needs to speak specifically to your experience teaching and/or leading groups using this skill based on their first hand knowledge.

Name of persons asked to submit letters of reference.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_