



Appreciation Pin nomination

Candidate information:

Name _____ Date _____

Address _____
City _____ State _____ Zip _____

Phone: (_____) _____ E-mail: _____

Service Unit: _____ Position: _____

Nominator information:

Name _____ Date _____

Address _____
City _____ State _____ Zip _____

Phone: (_____) _____ E-mail: _____

Service Unit: _____ Position: _____

1. Is the candidate a registered member of Girl Scouts?

Yes No Not sure

2. Please provide a detailed description of how the candidate's work or service has exceeded the expectations of the position/role held.

(over)

3. Give a detailed description of the service/program provided by the candidate and describe how the service/program was beneficial to those participating.

4. What were the outcomes from the program/service? If applicable, please include specific and measurable data to support your statement (example: percentage of increase in membership, participation and/or inclusion).

5. How did the program/service further the council's overall mission and goals to serve all girls? How did it increase diversity, membership, visibility and/or program participation?

If desired, you may attach additional pages to show "above and beyond" performance.

Service unit representative signature: _____

Date: _____

Application deadline: April 30 by 4:30 p.m.

Forms must be sent to: volunteer@sdgirlscouts.org