



Thanks Badge 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 performance exceeds the expectations of their position.

(over)

3. Describe how the service/program positively impacted the entire council. Include examples of how they provided extraordinary service to girls and/or volunteers.

4. What were the outcomes from the service/program provided? (Example: percentage of increase in membership, participation and/or inclusion). How did this service/program enhance Girl Scouting and the council as a whole?

5. Please provide any additional comments or details as to why this candidate deserves the highest honor an adult volunteer can receive.

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

Recognitions chair approval signature: _____ Date: _____

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

Forms must be sent to: recognitions@sdgirlscouts.org