



Award of Distinction - Service Unit Registrar

Name: _____

Service Unit: _____

The candidate meets each of the following criteria:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed service unit registrar self-study guide |
| <input type="checkbox"/> | <input type="checkbox"/> | Attended service unit and service team meetings and reported status of registration |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintained current records of each troop registered |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensured all girls and volunteers are registered Girl Scout members |
| <input type="checkbox"/> | <input type="checkbox"/> | Met with service unit manager and agreed on the specific tasks of the position |
| <input type="checkbox"/> | <input type="checkbox"/> | Supported, promoted and participated in membership campaigns |
| <input type="checkbox"/> | <input type="checkbox"/> | Reviewed and submitted accurate registration paperwork in a timely manner |
| <input type="checkbox"/> | <input type="checkbox"/> | Submitted new troop registration forms to council office, prior to girls attending first meeting |
| <input type="checkbox"/> | <input type="checkbox"/> | Distributed troop and maintained service unit copies of registration forms |
| <input type="checkbox"/> | <input type="checkbox"/> | Took at least one additional training opportunity offered by Girl Scouts or a community agency appropriate to the position |
| <input type="checkbox"/> | <input type="checkbox"/> | Participated as a service team member in developing and implementing the service unit plan of work to support council objectives |
| <input type="checkbox"/> | <input type="checkbox"/> | Aware of the Girl Scout Leadership Experience keys to leadership—Discover, Connect and Take Action. Utilized the three processes— Girl-led, Learning by Doing and Cooperative Learning in planning activities with and for the girls. |

Signature of Recognition Chair

Date

Signature of Service Unit Manager

Pin (first year)

Year tab number*

*all criteria must be met each year the tab is awarded

