



Family Award nomination

Candidates' information:

Name(s) _____ Date _____

Address _____
City State Zip

Phone: (_____) _____ E-mail _____

E-mail _____

Service unit: _____ Position(s): _____

Nominator information:

Name _____ Date _____

Address _____
City State Zip

Phone: (_____) _____ E-mail: _____

Service unit: _____ Position: _____

1. Are the candidates registered Girl Scout adult members?

- Yes No Not sure

2. Please provide a detailed description of how the candidates' work performance exceeds the expectations of their roles and benefits the entire council.

3. What was the outcome of the service/program provided by the family and how did their service/program enhance Girl Scouting and the council as a whole?

Note: Please provide statistical/measureable data if applicable. For example, the percentage of increase in membership, participation, funding, or inclusion due to the service/program provided by the family.

4. Please include any other relevant details as to why these individuals are deserving of the Family Award.

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