



Cookie Award 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 during the cookie program exceeded the expectations of their position.

(over)

3. Please describe how the candidate provided outstanding service to the girls and/or volunteers. Include examples of how their efforts increased cookie sales.

Note: Please provide statistical or financial data if applicable.

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

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