



GSWPA VOLUNTEER OF THE YEAR AWARD NOMINATION FORM

Please provide detailed, specific and accurate information, including listing qualifications and particular instances. The information provided may be used in the presentation of the award. Attach ONE additional sheet if necessary. Each nomination should include FOUR references with current contact information. Forms must be submitted for consideration by February 1.

When completed, forward this nomination form to ATTN: ADULT AWARDS-Volunteer of the Year
GSWPA, Johnstown Office, 612 Locust Street, Johnstown, PA 15905 or adultaward@gswpa.org
Please include a current, high quality photo of your nominee.

NOMINEE INFORMATION

Name of nominee: _____

Address: _____

Street

City

State

Zip

Phone-Day: _____ Phone-Cell: _____ Phone-Evening: _____

Service Unit: _____ Troop # (if applicable): _____

Current position(s) held in Girl Scouting: _____

Total number of years as a Girl Scout volunteer: _____

The nominee:

☐ Works directly with girls

☐ Works indirectly, working with adults

Previous awards earned by nominee: _____

She/he is a role model for other volunteers because: _____

Please describe major accomplishments in the previous service year that have helped others in the council (i.e., mentoring, etc.) and how she/he has gone beyond the requirements of their position to deserve this award:

Describe how she/he has made a positive impact on their community and the Council: _____

Why do YOU feel this nominee should receive the GSWPA Volunteer of the Year Award? _____

OVER →



How has this volunteer utilized key leadership qualities to increase the sphere of influence of the Girl Scout movement? _____

Describe how this volunteer has made a difference and/or a lasting impression on our Girl Scout Council during the last service year utilizing her/his time and talent: _____

Please list other pertinent details of this volunteer's background that may support this nomination: _____

Individuals providing letters of endorsement (individuals who support this nomination and would be familiar with this nominee's contributions to GSWPA):

1. Name: _____ Position _____

Address: _____

Street City State Zip

Phone-Day: _____ Email: _____

2. Name: _____ Position _____

Address: _____

Street City State Zip

Phone-Day: _____ Email: _____

3. Name: _____ Position _____

Address: _____

Street City State Zip

Phone-Day: _____ Email: _____

4. Name: _____ Position _____

Address: _____

Street City State Zip

Phone-Day: _____ Email: _____

Name of person submitting nomination form: _____

Signature: _____ Date: _____ Position: _____

Address: _____

Phone: _____ Email: _____