

Adult Recognition Nomination Form

Please provide detailed and accurate information. The information provided may be used in the presentation of the award. Attach additional sheets of paper if necessary

The nominee is being nominated for: Outstanding Volunteer Outstanding Leader

When completed, forward this nomination form and required Letters of Endorsement directly to the Service Area Team. Service Area Teams will then forward a copy of approved nomination forms to the Administrative Assistant, 5681 Route 6N, Edinboro, PA 16412.

The nominee is being nominated for: Appreciation Pin Honor Pin Thanks Badge Thanks Badge II

These awards require approval by the Board of Directors. Forward this nomination form and the required Letters of Endorsement to the Administrative Assistant, 5681 Route 6N, Edinboro, PA 16412. Award nominations will be approved by the Board of Directors at their meetings held quarterly.

Nominee Information:

Name of Nominee _____

Address _____
Street City State Zip Code

Day Phone (_____) _____ Evening Phone (_____) _____

Service Area _____ Troop # (If applicable) _____

Current position(s) held in Girl Scouting: _____

Previous position(s) held in Girl Scouting: _____

Does the nominee meet all the accountabilities of the position description for the current position(s) held? Yes No

If no, please explain: _____

Previous awards earned by nominee (please include dates): _____

Describe the service rendered: _____

Please give a detailed description of how the service rendered is outstanding and beyond the expectations of the position held: _____

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List the results of the nominee's actions and the impact on girls: _____

List the specific audience(s) benefiting from the service rendered: _____

Please list the individuals who are submitting letters of endorsement.

1. Name _____ Position _____

Address _____
Street City State Zip Code

Phone (_____) _____ E-mail _____

2. Name _____ Position _____

Address _____
Street City State Zip Code

Phone (_____) _____ E-mail _____

3. Name _____ Position _____

Address _____
Street City State Zip Code

Phone (_____) _____ E-mail _____

4. Name _____ Position _____

Address _____
Street City State Zip Code

Phone (_____) _____ E-mail _____

Name of person submitting form _____

Signature _____ Position _____

Address _____
Street City State Zip Code

Phone (_____) _____ E-mail _____

Recognition Review Committee

Approved Yes No Comments _____

Review Committee Chairperson _____ Date _____

Board of Directors

Approved Yes No Comments _____

Board Signature _____ Date _____