

ADULT RECOGNITION FORMS

Service Unit Director or Membership Marketing Specialist

Date

LEADERSHIP DEVELOPMENT PIN APPLICATION

Please refer to the Leadership Development pin requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

Service Unit _____ Troop # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # (____) _____ - _____ Evening Phone # (____) _____ - _____ Cell # (____) _____ - _____

Email Address _____ @ _____

Current Position(s) in Girl Scouting _____

Are you a currently registered Girl Scout volunteer? Yes No

Have you completed one year in the position of troop leader/advisor or assistant leader/advisor or group coordinator (adult position code 01, 02, 03)? Yes No

Have you completed basic orientation and level training for the level with which you are currently working? Yes No

List the appropriate trainings you have completed with the course names, dates of attendance and instructor's name.

Course Name	Date(s)	Instructor(s)	Hours Attended

To be completed by council:

Has applicant met all requirements? Yes No

Council-Approved Signature

Date

LEADERSHIP DEVELOPMENT LEAF APPLICATION

Please refer to the Leadership Development Pin requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

Service Unit _____ Troop # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # (____) _____ - _____ Evening Phone #(____) _____ - _____ Cell #(____) _____ - _____

Email Address _____ @ _____

Current Position(s) in Girl Scouting _____

**Leadership Development Pin was received _____ from _____
Date Council Name

Do NOT submit this form until you have completed 10 hours of additional training.

Training beyond your last pin or leaf earned:

Course Name	Date(s)	Instructor(s)	Hours Attended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use back if necessary.

Number of leaves to be awarded _____

Number & color of leaves you currently have _____

To be completed by council:

Has applicant met all requirements? Yes No

Council-Approved Signature

Date

**PROGRESSIVE GIRL SCOUT VOLUNTEER AWARDS
STAGE 1
VOLUNTEER ACHIEVEMENT PIN**

Please refer to the Volunteer Achievement Pin requirements for specific criteria.

Mail completed application to:
 Adult Development Department
 Girl Scouts - Diamonds
 1811 Arkansas Boulevard
 Texarkana, AR 71854

Service Unit _____ Troop # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # (____) _____ - _____ Evening Phone # (____) _____ - _____ Cell # (____) _____ - _____

Email Address _____ @ _____

Current Position(s) in Girl Scouting _____

**Leadership Development Pin was received _____ from _____
Date Council Name

Are you currently a registered Girl Scout volunteer? Yes No

Have you completed orientation or training appropriate for your position? Yes No

Course Name	Date(s)	Instructor(s)	Hours Attended

Have you been reappointed by your MMS and agreed to serve for the upcoming membership year? Yes No

Have you **completed your first successful service** in at least one of the following assignments? Yes No

Indicate which area and in what capacity you served:

____ First successful volunteer service completion on a board committee
 List the name of committee, dates of service and committee chair: _____

____ First successful volunteer service completion on a task group assignment
 List the name of task group, dates of service and group chair: _____

____ First experience of troop/group leadership
List the troop #, level, and dates of leadership: _____

To be completed by council:

Has applicant met all requirements? Yes No

Council-Approved Signature

Date

**PROGRESSIVE GIRL SCOUT VOLUNTEER AWARDS
STAGE 2**

GIRL SCOUT MENTORING AWARD (White Key)

Please refer to the award requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

Service Unit _____ Troop # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # (____) _____ - _____ Evening Phone # (____) _____ - _____ Cell # (____) _____ - _____

Email Address _____ @ _____

Current Position(s) in Girl Scouting _____

**Leadership Development Pin was received _____ from _____
Date Council Name

Are you currently a registered Girl Scout volunteer? Yes No

Have you previously received the Volunteer Development Pin? Yes No

If yes, list date: _____

Have you **successfully completed service** in at least one of the following assignments? Yes No

Indicate which area and in what capacity you served:

____ Acted as a mentor/coach for new volunteer

List the name, troop #, level and dates you served as his/her mentor: _____

____ Provided ongoing support resulting in the retention of a new volunteer

List the name, troop #, level of volunteer you helped to retain: _____

To be completed by council:

Has applicant met all requirements? Yes No

Council-Approved Signature

Date

**PROGRESSIVE GIRL SCOUT VOLUNTEER AWARDS
STAGE 3**

GIRL SCOUT VOLUNTEER EXECUTIVE AWARD (Black Key)

Please refer to the award requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

Service Unit _____ Troop # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # (____) _____ - _____ Evening Phone # (____) _____ - _____ Cell # (____) _____ - _____

Email Address _____ @ _____

Current Position(s) in Girl Scouting _____

**Leadership Development Pin was received _____ from _____
Date Council Name

Are you currently a registered Girl Scout volunteer? Yes No

Have you previously received the Volunteer Development Pin? Yes No

If yes, list date: _____

Have you **successfully completed service** in at least one of the following assignments? Yes No

Indicate which area and in what capacity you served:

____ Served on a council or national level in a leadership role
Council or National: _____ Describe your leadership role and list the dates served: _____

____ Made significant contributions to the Girl Scout movement
Describe in detail what you have done & include dates: (use back if needed) _____

To be completed by council:

Has applicant met all requirements? Yes No

Council-Approved Signature

Date

**PROGRESSIVE GIRL SCOUT VOLUNTEER AWARDS
STAGE 4**

VOLUNTEER DIVERSITY AWARD (Gold Key)

Please refer to the award requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

Service Unit _____ Troop # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # (____) _____ - _____ Evening Phone # (____) _____ - _____ Cell # (____) _____ - _____

Email Address _____ @ _____

Current Position(s) in Girl Scouting _____

**Leadership Development Pin was received _____ from _____
Date Council Name

Are you currently a registered Girl Scout volunteer? Yes No

Have you previously received the Volunteer Development Pin? Yes No

If yes, list date: _____

Have you **successfully completed service** in at least one of the following assignments? Yes No

Indicate which area and in what capacity you served:

____ Increase membership in underrepresented populations

County/location: _____ Describe your role in increasing membership, how many girls were served prior to your involvement and how many are being served now: _____

____ Increase awareness and understanding through enrichment events or trainings

Name of event or training _____ Date(s) _____

How many attended? Girls _____ Adults _____

Describe event or training in detail: (use the back if needed) _____

To be completed by council:

Has applicant met all requirements? Yes No

Council-Approved Signature _____

Date _____

PRESIDENT'S AWARD FOR SERVICE UNIT TEAMS

Please refer to the award requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

TEAM INFORMATION

Service Unit _____ MMS _____

Service Unit Manager _____

Email Address _____ @ _____

Daytime Phone # (____) _____ - _____ Evening Phone #(____) _____ - _____ Cell # (____) _____ - _____

Address _____

City _____ State _____ Zip _____

Please list team members and their positions:

Team Member	Position(s)

Check all that apply: *Items starred are required*

Section I: Service Team and Administration

___ **Have functioning service unit with all of the following positions filled:

- Service Unit Manager/Director
- Service Unit Cookie Chair
- At least one Volunteer Troop Organizer per 100 girls
- Volunteer Recognitions Coordinator

___ Have a current job description on file for every team member

___ At least 2/3 of the service team attends service unit meetings throughout the year

___ At least one non leader on the service team: Name _____

___ Composition of the service team reflects the diversity of the area

___ **Annual financial report and equipment inventory list on file with the council for the previous year

___ All troops have bank accounts and the numbers are on file with the service unit manager or treasurer

___ All inactive troop accounts have been closed out

Number checked in section I: _____ out of 8.

President's Award Page 2

Section II: Membership Growth and Retention

- ___ Develop a service unit plan for increasing and retaining membership
- ___ **Register a minimum of 70% of membership by September 30
- ___ Register a minimum of 75% of membership by September 30
- ___ Register a minimum of 80% of membership by September 30
- ___ **Girl membership as of March 15th is equal to or greater than girl membership as of March 1 of previous year
- ___ Girl membership as of March 15th has increased by at least 2%
- ___ Girl membership as of March 15th has increased by at least 5%
- ___ Girl membership as of March 15th has increased by at least 10%
- ___ The troop leader retention rate is at least 75% as of March 15th

Number checked in section II: _____ out of 9

Section III: Volunteer Support

- ___ **All new leaders have had required training within 6 months of appointment
- ___ Implement at least two methods of ensuring that volunteers are recognized and appreciated
- ___ Implement at least two methods of ensuring new volunteers have the opportunity to meet and feel welcomed by returning volunteers: List methods _____

Number checked in section III: _____ out of 3

Section IV: Community Visibility and Collaboration

- ___ At least 50% of troops submit notification of sponsor agreements
- ___ Conduct at least one unit-wide service project during the award period
Describe Project _____
- ___ Have at least two photos and/or stories featured in local newspaper
List paper and dates: _____

Number checked in section IV: _____ out of 3.

For council use only

Section I: _____ out of 8
Section II: _____ out of 9
Section III: _____ out of 3
Section IV: _____ out of 3
Total _____ out of 23

Percentage: _____

Award Level: Bronze Silver Gold Did not qualify

Council-Approved Signature

Date

Council-Approved Signature

Date

NOMINATION APPLICATION FOR ADULT RECOGNITIONS

Please refer to the award requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

Circle award:

Appreciation Pin	Rookie of the Year
Honor Pin	Volunteer of the Year
Thanks Badge	Myra Vinson Award
Thanks Badge II	Sally Sharpe Training Award
Community Spirit Award	

Candidate's Information:

Name of Candidate Nominated _____
Candidate's Home Address _____
City _____ State _____ Zip _____
Candidate's Home Phone #(____) _____ - _____ Candidate's Work or Cell # (____) _____ - _____
Service Unit _____ Troop # _____
Position(s) in Girl Scouting and/or Community _____

List people who will be writing letters of endorsement:

Name _____	Phone #(____) _____ - _____
Name _____	Phone #(____) _____ - _____
Name _____	Phone #(____) _____ - _____
Name _____	Phone #(____) _____ - _____

Name of person making nomination _____
Address _____
City _____ State _____ Zip _____
Home Phone #(____) _____ - _____ Work #(____) _____ - _____ Cell #(____) _____ - _____
Email Address _____ @ _____

Briefly explain why you would like to nominate this individual. Include the number of years of service, the audience who benefited from this work, different ways they have served, special projects they have sponsored, or in what areas they have served beyond those normally expected for the position(s) held.

____ Not Recommended

Council-Approved Signature

Date

ENDORSEMENT LETTER FOR ADULT RECOGNITIONS

Please refer to the award requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

Circle award:

Appreciation Pin	Rookie of the Year
Honor Pin	Volunteer of the Year
Thanks Badge	Myra Vinson Award
Thanks Badge II	Sally Sharpe Training Award
Community Spirit Award	

Candidate's Information:

Name of Candidate Nominated _____

Candidate's Home Address _____

City _____ State _____ Zip _____

Candidate's Home Phone #(____)____ - _____ Candidate's Work or Cell #(____)____ - _____

Service Unit _____ Troop # _____

Position(s) in Girl Scouting and/or Community _____

Name of person making endorsement _____

Address _____

City _____ State _____ Zip _____

Home Phone #(____)____ - _____ Work #(____)____ - _____ Cell #(____)____ - _____

Email Address _____ @ _____

In approximately 100 words or less, state your reasons for endorsing this nomination.

Please include:

- How the nominee's performance has been outstanding or beyond expectations
- How the nominee's contributions have benefited Girl Scouting
- Any other comments or information that might be helpful

**PLEASE RETURN THE ENDORSEMENT LETTER AND THIS FORM TO THE PERSON
SUBMITTING THE NOMINATION**

**TRAINERS PIN APPLICATION
(GSUSA AWARD)**

(Please refer to the awards requirements for specific criteria)

Mail completed application to:
Adult Development Department
Girl Scouts – Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

E-Mail Address _____

I am applying for:

_____ Level I Apprentice Trainer

_____ Level II Experienced Trainer

_____ Level III Master Trainer

I have taught the following trainings this year: Please List

Training: _____ Date: _____ # attending: _____

Training: _____ Date: _____ # attending: _____

Training: _____ Date: _____ # attending: _____

Training: _____ Date: _____ # attending: _____

I have attended the following trainings this year: Please List

Training: _____ Date: _____

Training: _____ Date: _____

Training: _____ Date: _____

Training: _____ Date: _____

Additional classes may be listed on a separate sheet and attached before mailing.