



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 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 Unit Team. Service Unit 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

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

Service Unit: _____ 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 service rendered: _____

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

(You may use additional paper as needed)

OVER →



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
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: _____ Position: _____
Address: _____
Street City State Zip
Phone: _____ Email: _____

<p>Recognition Review Committee: Approved <input type="checkbox"/>Yes <input type="checkbox"/>No _____ Comments _____ Review Committee Chairperson _____ Date _____</p> <p>Board of Directors: Approved <input type="checkbox"/>Yes <input type="checkbox"/>No _____ Comments _____ Board Signature _____ Date _____</p>
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