



ADULT RECOGNITION APPLICATION FORM



SERVICE UNIT Level Approved Recognition



Submit completed applications and endorsements to local Service Unit Recognition Coordinator or SUM for consideration

Instructions:

1. Use this form to nominate volunteers for the following GSUSA awards only:
GSUSA Outstanding Leader Award and GSUSA Outstanding Volunteer Award
Episodic Volunteer recognitions – certificate 1, 2; pins 1, 2, 3
2. Type or write clearly.
3. Completed nomination application and endorsements must be received by the Recognition Coordinator or the Service Unit Manager **4 weeks before recognitions are needed.**
4. The Service Unit Manager will provide to the Volunteer Recognition Committee a list of recipients and the recognitions awarded so that records may be updated. The Service Unit Manager will purchase from the council store the number of awards that the Service Unit will require. Timely requests are important to ensure the council store will have what you need.
5. NOTE: This form is optional for use by individual service units. Service Units may choose whether or not to use this form for service unit level awards. Remember, if using these forms, submit to the appropriate person in your service unit; **DO NOT mail to council.**

SECTION 1: NOMINEE INFORMATION

Candidate's Name: (Last, First)	GSUSA Member ID #: (check with Associate, Membership Svcs..)
Mailing Address:	City, State, Zip:
Daytime Phone Number: ()	Evening Phone Number: ()
E-mail Address:	Service Unit:
Total # of Years as a Girl Member:	Total # of Years as an Adult Member:
Current Volunteer Position(s):	
Award Suggested: <input type="checkbox"/> GSUSA Outstanding Volunteer Award <input type="checkbox"/> GSUSA Outstanding Leader Award <input type="checkbox"/> GSUSA Episodic Volunteer Award – (circle one) certificate I certificate II level 1 pin level 2 pin level 3 pin	

SECTION 2: NOMINATOR INFORMATION

Name of individual requesting award:	
Mailing Address:	City, State, Zip:
Daytime Phone Number: ()	Evening Phone Number: ()
E-mail Address:	Service Unit:

SECTION 3: ENDORSEMENT INFORMATION

The Outstanding Volunteer Award recognizes an adult in a position other than leader/advisor or in addition to leader/advisor whose service benefits a geographic or program delivery unit in a way that is beyond the expectations for the position. Please complete the information on this form. Not limited to one award per service unit.

The Outstanding Leader Award recognizes troop/group leaders or advisors, assistant troop/group leaders or advisors, or group coordinators whose performance in working with girls is so outstanding that it merits recognition by the geographic or program delivery unit. Please complete the information on this form and also include one (1) letters of endorsement from an individual familiar with the candidate's performance as a leader/advisor. Not limited to one award per service unit.

Episodic Volunteer Letter/Certificate/Pins recognizes service to the Service Unit or council. Episodic awards are given in sequence – certificates 1 & 2, followed by pins 1, 2, and 3.

Continued...

SERVICE UNIT Approved Volunteer Recognition

Indicate any positions that the nominee currently hold or previously held:

- | | | |
|---|---|---|
| <input type="checkbox"/> Leader/Advisor | <input type="checkbox"/> Asst. Leader/Advisor | <input type="checkbox"/> Group Leader (interest/short-term group) |
| <input type="checkbox"/> Service Unit Manager | <input type="checkbox"/> Service Unit Team Member | <input type="checkbox"/> Service Unit Product Sales Manager |
| <input type="checkbox"/> Service Unit Event Coordinator | <input type="checkbox"/> Service Unit Volunteer Learning Consultant | |
| <input type="checkbox"/> Adult Learning Facilitator | <input type="checkbox"/> Workshop Facilitator | <input type="checkbox"/> Volunteer Development Task Team Member |
| <input type="checkbox"/> Day Camp Director | <input type="checkbox"/> Day Camp Volunteer | <input type="checkbox"/> Camp Staff/Summer Program Staff |
| <input type="checkbox"/> Council Program Volunteer | <input type="checkbox"/> Special Event Chairperson | <input type="checkbox"/> Special Event Committee Member |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Delegate | <input type="checkbox"/> Employed Staff: Position _____ |
| <input type="checkbox"/> Council Committee Member: Name of Committee: _____ | | |
| <input type="checkbox"/> Other Positions (list): _____ | | |

Previous GSUSA Awards Received by Candidate:

AWARD	REC'D	YEAR (if known)	AWARD	REC'D	YEAR (if known)
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GSUSA Service Unit Recognitions approved by Service Unit

GSUSA Outstanding Leader _____ GSUSA Outstanding Volunteer _____
 Episodic Volunteer _____ Certificate I _____ Certificate II _____ Pin 1 _____ Pin 2 _____ Pin 3 _____

GSUSA Progressive Volunteer Recognitions approved by Board of Directors

GSUSA Progressive Volunteer Achievement Award Pin _____ GSUSA Keys (white - _____, black - _____, gold - _____, silver - _____, copper - _____) - circle keys received and enter year(s) received, if known

GSHPA Council Recognitions approved by Board of Directors

GSHPA Forever Green _____ GSHPA Heart of PA _____

GSUSA Recognitions approved by Board of Directors

GSUSA Appreciation Pin _____ GSUSA Honor Pin _____
 GSUSA Thanks Badge _____ GSUSA Thanks Badge II _____

Please include with application the number of endorsements as required (see below) for the award you are considering. It is never incorrect to send the maximum number of endorsements, so that your nominee may be considered for all recognitions. NOTE: Applications cannot be considered without receipt of all required endorsements.

ENDORSEMENT FORMS: Please copy, complete and attach to this application as many needed, as per endorsement requirements.

NAME OF AWARD	NUMBER OF ENDORSEMENTS REQUIRED	LIST NAMES OF ENDORSERS
GSUSA Outstanding Volunteer	Completion of recognition application by nominator	1.
GSUSA Outstanding Leader	3-page application plus a minimum of one (1) endorsement form	2.
GSUSA Episodic Volunteer	None	

continued...

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Submitted in support of (nominee): _____

Application prepared by: _____

Nominator's Mailing Address: _____ City, State, Zip: _____

Daytime Telephone: () _____ Evening Telephone: () _____

E-mail: _____

In what capacity are you familiar with the nominee's performance/contributions to Girl Scouting?

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 the expectations of the position),
- How the nominee's contributions have benefited Girl Scouting, and
- Any other comments or information that might be helpful.

Signature of Nominator: _____ Date: _____

Position(s) Title: _____

SERVICE TEAM/GROUP USE ONLY

Application Approved: Date _____ OR Denied: Reason _____

Service Unit Recognition Committee Signatures: _____