

OUTSTANDING VOLUNTEER NOMINATION FORM

March 1 deadline for spring events or allow 4-6 weeks for processing the nomination.

Nominee _____ Date _____

Address _____
Street City Zip

Phone: Daytime () _____ Evening () _____ Email: _____

Region: _____ Community: _____
Current Volunteer position(s): _____

Nominated by: _____ Phone: _____
How do you know the nominee? _____ Relationship to nominee _____

Please attach 2 letters of recommendation stating how the nominee has met the criteria for this award as listed below. Describe the outstanding service provided by the candidate. Include facts, dates, and examples demonstrating how the nominee has made an impact beyond the expectations held for that position. Please sign, print administrator or coordinator name, and include the date, your phone number and email address. **Submit to your Community/Region or Special Interest Group Coordinator for review and approval.**

CRITERIA AND PROCEDURE FOR THE OUTSTANDING VOLUNTEER AWARD

The Outstanding Volunteer Award is a Council Award recognizing an adult outside of the troop leader role whose service benefits a geographic or program delivery area in a way that is beyond the expectations for the position. This includes adults and volunteers in communities, regions, or Girl Scout special interest groups.

- Criteria:**
- Has NOT previously received the GSSJC Outstanding Volunteer Award (one-time award)
 - Is a registered Girl Scout in good standing
 - Has completed required, current training and participates in training regularly to increase skills and effectiveness
 - Regularly participates in Community/Region or Council-wide activities
 - Supports Council Sisterhood and Belonging Statement

Recommended by: Any registered adult or group in good standing familiar with the candidate's performance.

Submit form & letters to: Region/Community Administrators or Special Interest Coordinators 4-6 weeks prior to presentation. Send copy to Adult Recognition Committee, adultrecognitions@sjgs.org

Approved and submitted by: Region/Community Administrators or Special Interest Coordinator

Approved Not Approved

Date Signature Region/Community/Special Interest Group Administrator

Approval of Region/Community/Special Interest Administration:

Date _____ Signature _____ Title _____

- Pick up at Girl Scout Center- Date: _____
- Send with my Volunteer Experience Manager (name): _____

(A copy of this application stays in Region/Community-Based or Special Interest Group files)