

APPLICATION FOR PRESIDENT'S AWARD

Print in black ink or may be typewritten.

Applications should be submitted to the Girl Scout Center between August 15 and December 15 for accomplishments during the previous membership year. Please select where the award is to be presented: **(Check One)**

_____ Council Recognitions Event – Spring

_____ Other: _____

The President's Award recognizes the outstanding efforts of a geographic area team or program delivery team in moving its assigned area or audience toward achievement of the Council's Goals during a fiscal or membership year.

NOMINEE: _____ DATE SUBMITTED: _____

Name of person submitting application: _____

Address: _____

Telephone: () _____ () _____ (email) _____
(day) (evening)

Criteria

1. Team members are registered adult Girl Scouts.
2. All team members have completed appropriate training, or demonstrated competence, or both, for the positions they hold.
3. Delivery of Girl Scouting program to the area or audience is effective, resulting in the continuity of 75 per-cent of troops/groups or retention of troops/groups leadership.
4. Overall girl membership for the area or audience has reached or surpassed the membership goal agreed upon by the team and the Council.
5. The composition of the team reflects the diversity of the area or audience.
6. Team members cultivate contacts in the community, such as through scheduled talks to civic groups, sponsorship agreements, or community profile updates.
7. Council-required reports are submitted on time.
8. The team maintains ongoing communication with each troop/group and with leaders utilizing a variety of methods (meetings, mail, telephone) that serve the needs of area adults.
9. The team maintains ongoing communication with girls registered individually in the area.
10. The team encourages adult participation in fund development and has increased annual giving support to the Council.

(see reverse side)

REPORT AND PROCEDURES FOR THE PRESIDENT'S AWARD

Procedures:

- The geographic service team (i.e. Community Service Team) or program delivery team (i.e. activity center) must complete **all ten criteria**.
- Obtain the appropriate signatures on the below report.
- Give details of how each criteria was met, be specific, give dates, names and numbers where applicable.
- Submit this application, complete with appropriate documentation by the due date to: **Girl Scouts of San Jacinto Council, Adult Recognitions Committee, 3110 Southwest Freeway, Houston, TX 77098.**
- The application will be reviewed by the Council Adult Recognitions Committee and sent to the Volunteer Relations Committee (Board Designee) for approval.
- When this process is complete, you will be notified.

Report:

Please obtain the appropriate signatures needed. *Attach additional documentation stating how your team has completed the criteria and moved its assigned area towards achievement of the Council's goals. Incomplete applications may cause delay.

1. ____ All team members are registered and in good standing in GSSJC. (Requires signature of appropriate registrar).
2. * ____ All team members have completed appropriate training or demonstrated competence. (Attach a list of names and trainings taken or given by team members).
3. ____ We have retained 75 per-cent of troops/groups or 75 per-cent of troop/group leadership. (Requires signatures of appropriate registrar or volunteer experience manager.)
4. ____ Our membership goal is _____. As of _____ we have registered _____ girls.
5. * ____ Our team reflects the diversity of the area/audience.
6. * ____ We have cultivated contacts in the community.
7. ____ Council-required reports are submitted on time.
8. * ____ Ongoing communication with troops/groups is maintained.
9. * ____ We have established ongoing communication with Individual Registered Girls (IRG) in our area.
10. * ____ Our team participates in promoting fund development and has increased our area annual giving to the Council.

Council Recognition Committee Recommendation	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended	
Comments:	
Signature of Committee Chair: _____ Date: _____	

Volunteer Relations Committee (Board Designee)	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended	
Comments:	
Signature: _____ Date: _____	