



<b>For Office Use Only</b> Approved As Is _____ Enter As _____ Date _____ Purchased at _____
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## Service Unit Adult Recognition Nomination Form

Candidate's Name \_\_\_\_\_

Candidate's Address \_\_\_\_\_

Candidate's City, State, Zip \_\_\_\_\_

Service Unit Number/ Name \_\_\_\_\_

I formally nominate this person for the award indicated below (check one):

SERVICE UNIT APPROVED RECOGNITIONS DEADLINE ESTABLISHED BY UNIT	# of Endorsement Forms Required	✓
Volunteer of Excellence Award	2	
Friend of Girl Scouting SU Award	2	

\*Send complete packet (nomination form and the required number of completed endorsements) to your Service Unit Manager or designated awards volunteer by the determined deadline. Service Units establish their own deadline and awards celebration date.

1. Please give a detailed description of how the candidate has delivered service beyond the expectations of the position(s) held, within the description of the award being considered. You may attach a separate document/typed page if necessary.

2. What specific audience benefited from the candidate's outstanding performance?

3. What are the significant impacts or results of the candidate’s performance to the council?

4. List all current and previous Girl Scout volunteer positions, if applicable. (OPTIONAL)

5. Please list previous awards earned by the candidate, include dates if known. (OPTIONAL)

6. What other community roles or services has the candidate provided that may be relevant within the description of the award being considered? (OPTIONAL)

Please list the name and contact information of each individual asked to submit an Endorsement Form in support of a candidate. *A nominator cannot also write an endorsement.*

1. Name \_\_\_\_\_  
Phone/Email \_\_\_\_\_

2. Name \_\_\_\_\_  
Phone/Email \_\_\_\_\_

3. Name \_\_\_\_\_  
Phone/Email \_\_\_\_\_

4. Name \_\_\_\_\_  
Phone/Email \_\_\_\_\_

Nominator’s Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_