



Girl Scouts®

# OUTSTANDING VOLUNTEER AWARD

(other than Leader)



## Girl Scout Council of the Catawba Valley Area, Inc.

### NOMINATION FORM

(Please read instructions before completing)

1. Be sure to give full name and title (if any) of the nominee.
2. Furnish as much information as possible for the criteria needed. A taped account could be in the form of a video presentation or a cassette tape narration. The written or taped format should use the following outline as a guide.
  - (a) State: Nomination for Outstanding Volunteer.
  - (b) Indicate group or individual nominating recipient.
  - (c) Provide address and telephone number.
  - (d) Indicate date, location, and type of training taken for the position held and verification that adult is a volunteer other than leader or assistant leader.
  - (e) Describe the service; be specific, use documented facts.
  - (f) Provide information about the audience benefiting from the service and the impact the service has had on the work of the geographic/ service unit **beyond** the expectations of the position held.
3. The information contained in the nomination should be objective and results-oriented, giving pertinent facts, dates, positions held, etc.
4. The nomination for the Outstanding Volunteer Award is to be submitted to the Service Unit Recognition Chair by March 15.

Candidate Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Service Unit: \_\_\_\_\_

Current Girl Scout Position(s): \_\_\_\_\_

Training taken for position held: \_\_\_\_\_

Submit with this form a **written** or **taped** account of the particular service given by the candidate, which merits this recognition. Also include information on the results of the service (who benefited and how did they benefit).

**Note: Service must be beyond that required for the position held by the individual. Possible items to consider: membership increase, retention of girl, increased community awareness, pluralism impact.**

Nomination made by: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Submit to:**  
**Due:**

**Service Unit Recognition Chair or Service Unit Director**  
**March 15**  
**Nomination reviewed by Service Unit Recognition Committee.**