



Girl Scout Council of Greater New York
 43 West 23rd Street
 New York, NY 10010
 212-645-4000 Fax 212-645-4599

Nomination Form For Adult Recognition
(Earned Recognition)
 Due January 15th

Please *type* or *print* all information.

Nomination for: (Check which applies)
 Leadership Development Pin **Additional Leaves**

Nominee _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (Day) _____ (Evening) _____
 E-mail address _____
 Troop # _____ Service Unit _____ Borough _____

Please return Nomination Form no later than January 15th to:
Girl Scout Council of Greater New York, 43 West 23rd Street, New York, NY 10010
Attention: Volunteer Recognition Committee

LEADERSHIP DEVELOPMENT PIN (Complete this section for Leadership Development Pin Only)

- Applicant has completed *Getting Started* Date _____ Location _____
- Applicant has completed *Basic Leadership I Training* Date _____ Location _____
- Applicant has completed *BLT Level II, III or IV* (Circle one) Date _____ Location _____
- Two meetings beyond the troop have been attended (i.e. Leaders Meetings – NOT Trainings)

<u>TYPE OF MEETING</u>	<u>LOCATION</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____

* *First Aid and Outdoor Skills Training needs have been met for the Troop/Group by either the applicant or another individual.
 **This requirement may be eliminated if the troop/group is not involved in outdoor activities.

FIRST AID TRAINING [] BY APPLICANT [] BY (name) _____
 OUTDOOR SKILLS TRAINING [] BY APPLICANT [] BY (name) _____
 TROOP/GROUP IS INVOLVED IN OUTDOOR ACTIVITIES YES _____ NO _____

NOTE: Copy of GS Training Card and both sides of the First Aid Card must accompany this nomination.

 Applicant's Signature Date

TO BE COMPLETED BY SERVICE UNIT – Prior to submitting nomination
 APPLICANT HAS ___ COMPLETED ___ NOT COMPLETED REQUIREMENTS FOR THE LEADERSHIP DEVELOPMENT PIN
 _____ Copy of Training Card attached _____
 Service Unit Signature – Position Date

ADDITIONAL LEAVES: (10 hrs. of additional training or 1 CEU* Credit required for each leaf) Leaves can be applied for at the same time as the Leadership Development Pin.
 The Applicant Has Completed Training In Subject Area(s) That Have Increased Her/His Skills In Working With Girls In Troops. (Training must have been taken within the last three years) Getting Started training and the initial BLT trainings will not count toward leaves. See Recognition booklet for additional details.

Date Leadership Development Pin was received (Date) _____ **OR** Applied for (Date) _____

<u>TRAINING COURSE</u>	<u>LOCATION</u>	<u>HOURS Or CEU'S*</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INDICATE HOW THIS ADDITIONAL TRAINING HELPED YOU DELIVER GIRL SCOUTING PROGRAM TO GIRLS:
 (Use additional paper if needed)

Specify color and number of leaves for which you are applying: COLOR _____ NUMBER _____
 Attach copy of training card or CEU Transcript. College credits are not acceptable.
 *Continuing Education Units are granted in seminars or non-degree courses. One CEU is equal to 10 contact hours.

TO BE COMPLETED BY SERVICE UNIT – prior to submitting nomination
 APPLICANT HAS ___ COMPLETED ___ NOT COMPLETED REQUIREMENTS FOR THE LEAVES

 Service Unit Signature – Position Date

 Applicant's Signature Date

TO BE COMPLETED BY RECOGNITION COMMITTEE

BOROUGH RECOGNITION COMMITTEE _____ ENDORSES THIS NOMINATION
_____ DOES NOT ENDORSE THIS NOMINATION

SIGNATURE OF CHAIR

DATE