girl scouts

Girl Scouts of Eastern Oklahoma

SERVICE UNIT AWARD
ADULT RECOGNITION NOMINATION

Service Unit Award: ☐ Outstanding Volunteer Award (Spirit Of Girl Scouting)
☐ Outstanding Leader Award

Name of Nominee: _____ Home Phone: _____

Address: _____ Work Phone: _____

City / State / Zip: _____

Position(s) held in Girl Scouting, if applicable: _____

_____

Troop #, if troop affiliated: _____Service Unit: _____

Nominator(s) 1. _____ 2. _____

Address: _____ _____

City/State/Zip: _____ _____

Phone: (W) _____ (H) _____ (W) _____ (H) _____

Email: _____ _____

Please complete the following, (you may add additional sheets if necessary):

Give a detailed description of how this nominee has delivered service beyond the expectation of the position held:

Describe the specific audience(s) benefiting from the service and how they benefited:

List the impact and results of this person's actions:

For Service Unit Selections Committee use only: Nomination ☐ approved ☐ not approved

Signature _____ Date _____
Print Name _____ Position _____
If approved, submit this signed form to the Council Store when purchasing pin.
#472F 7/08