



## Girl Scouts of Eastern South Carolina

### Service Unit Approved Adult Recognitions Nomination Form:

#### Volunteer of Excellence

Directions: Fill in all blanks. Be specific. Please type/print. **The nominator should forward completed form and two letters of endorsement to the Service Unit Recognitions Committee. Deadline for submission will vary by Service Unit but will be before the council deadline.** Note that all Service Unit level Recognitions have to be submitted by the Service Unit to Council no later than February 28, 2023

I have carefully read the recognition criteria and feel the following person should be considered for:  **Volunteer of Excellence** \*\*

\*\* Attach 2 letters of endorsement to application (person submitting endorsement letter cannot fill out nomination form)

#### Information on Nominee:

Last Name: [Click here to enter text.](#) First Name: [Click here to enter text.](#) Service Unit: [Click here to enter text.](#)

Address: [Click here to enter text.](#) City: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Email: [Click here to enter text.](#) Phone #: [Click here to enter text.](#)

Present position in Girl Scouting: [Click here to enter text.](#)

Other/former Girl Scout positions held: [Click here to enter text.](#)

If the nominee worked *directly* with girls, please describe how she/he has delivered outstanding service to deliver the Girl Scout Leadership Experience through the National Program Portfolio.

If the nominee worked *indirectly* to support the council's mission and goals, please describe the specific impact made in one or more of the following functional areas: Membership Development/Community Cultivation, Volunteer Relations and Support, Program, Leadership and Governance, Fund Development, and Council Support Service (such as IT, Customer Service, Merchandising, and MarComm).

Attach additional pages, if necessary.

1. Description of service rendered and who benefited:

Click here to enter text.

2. Reasons this service was beyond expectations of position held:

Click here to enter text.

3. Indicate how service helped move the council or Service Unit toward its mission and goals: Click here to enter text.

**Nominated by**

Name (individual or group contact): Click here to enter text.

Address: Click here to enter text.

Telephone (home): Click here to enter text. (work) Click here to enter text. (e-mail) Click here to enter text.

Service Unit Name: Click here to enter text.

Names of nominating individual(s) or group supplying letters of endorsement:

Click here to enter text. Date Click here to enter a date.

Click here to enter text. Date Click here to enter a date.

Click here to enter text. Date Click here to enter a date.

Click here to enter text. Date Click here to enter a date.

Thank you for your time and consideration.

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**For Office Use Only**

The Service Unit Recognitions Committee endorses this nomination

The Service Unit Recognitions Committee denied this nomination