



For Use By CARC	
Date received	_____
CARC	<input type="checkbox"/> recommend <input type="checkbox"/> not recommend
BOD	<input type="checkbox"/> recommend <input type="checkbox"/> denied

ADULT RECOGNITION CONFIDENTIAL NOMINATION For APPRECIATION PIN

Please refer to the Adult Recognitions Guide found on www.gswny.org when completing this nomination. It provides general information for adult recognitions and specific information for each award. Submit completed nominations and endorsement letters to: Girl Scouts of Western New York, Inc., 3332 Walden Ave. Suite 106, Depew, NY 14043, Attention: GSWNY Adult Recognition Committee

NOMINATIONS MUST BE SUBMITTED BY FEBRUARY 1
IMPORTANT: COMPLETE ALL APPLICATION REQUIREMENTS AND PROVIDE ATTACHMENTS

Purpose: To recognize an adult who has delivered outstanding service to at least one geographic area, service unit, or program delivery audience.

Criteria: The candidate is a registered Girl Scout adult volunteer. The candidate has significantly contributed to meeting one or more council goals in membership growth and retention, fund development, or increased community visibility in one geographic area. The candidate actively recognizes, understands and practices the values of inclusive behavior.

CANDIDATE INFORMATION:

Name:		GSUSA ID:	
Address:	City:	State:	Zip:
Troop/Group #:	Service Unit:		
Phone (h):	Phone (w):	Phone (c):	
Current Primary Position:		# of years of adult membership:	

NOMINATOR(S):

Name:	Signature:	Title:
Name:	Signature:	Title:
Name:	Signature:	Title:

PERSON TO WHOM NOTIFICATION SHOULD BE SENT:

Name:			
Address:	City:	State:	Zip:
Phone (h):	Phone (w):	Phone (c):	

ENDORSEMENT LETTERS: At least two letters of endorsement from individuals familiar with the service performed must accompany this application. These letters should include details specific to this nomination and why this candidate should be recognized. Endorsers **MUST** be individuals **OTHER THAN** those in nominating group.

Name:	Title:
Name:	Title:
Name:	Title:

CONFIDENTIAL RECORD OF SERVICE

Please use this form to describe how the candidate's service benefited the service unit or total council or the entire Girl Scout Movement as indicated in the appropriate award guidelines. Provide objective information about the nominee that will enable the Council Adult Recognition Committee to objectively assess the service and its impact on Girl Scouting. Complete each section and attach additional pages as necessary.

A. List the candidate's service. Include positions held, dates of service, and approximate numbers of girls and adults served in each position. List the most recent first.

Position:	Date:	Membership Served:
Position:	Date:	Membership Served:
Position:	Date:	Membership Served:
Position:	Date:	Membership Served:
Position:	Date:	Membership Served:
Position:	Date:	Membership Served:
Position:	Date:	Membership Served:

B. Describe how the candidate has significantly contributed to meeting one or more council goals in membership growth and retention, fund development, or increased community visibility in one geographic area. Also describe how the candidate actively recognizes, understands and practices the values of inclusive behavior. If other troops, groups, service units, councils, etc. are involved, please consult them and include that information here.

C. "Girl Scouting builds girls of courage, confidence and character, who make the world a better place."(GSWNY's Mission) How did the candidate contribute to that mission? Please be specific.

PREFERRED LOCATION FOR AWARD PRESENTATION: (please check one and explain)

The Annual Adult Recognition Event is the usual venue for award presentation.

	Annual Adult Recognition Event:
	Service Unit Event:
	Annual Meeting:
	Council Kick-Off:
	SUM Recognition:
	Other:

STORY OR ANECDOTE ABOUT CANDIDATE:

FOR CARC USE ONLY:

Current positions:

Troop service:

Service unit service:

Council service:

Highlights: