

SKYLINE STAR LEADER APPLICATION

Directions: Complete and return to the Recognitions Facilitator or Volunteer Services Manager for approval. All items must be completed. The timeframe is from October 1 to September 30. This form may be submitted at any time.

Troop number:	Age level:	GS community:
Number of adults:	For year October 1,	to September 30,

MEMBERSHIP

1. An existing troop must be re-registered by October 1.
 Date registered on eBiz: _____ or date mailed to GSVSC: _____

A new troop must register within four weeks of the first meeting date:
 Date mailed to GSVSC: _____ or date registered on eBiz: _____

2. The size of the troop meets the adult-to-girl ratio for the age level, as listed in *Volunteer Essentials*.

Number of girls in troop:
 Number of trained leaders:

OR

There was a 10 percent increase over last year's membership.
 Last year's number: _____ This year's number: _____

LEADERSHIP

1. All new leaders (01) and co-leaders (02) have received Girl Scouting 101, 102 and 103 training.

Name	DATE COMPLETED		
	GS 101	GS 102	GS 103

2. The troop was represented at 75 percent of GS community meetings (by a leader or other troop-affiliated adult).
 Number of meetings held: _____ Number of meetings attended: _____

3. The troop was represented at one or more of the following:
 Annual council meeting Open Council Dialogue meeting GS community meetings

4. Troop finance and program reports were turned in by June 1. Date submitted: _____

5. All nut and cookie money and records were turned in on _____, which was on or before the due date.

6. All cookie money and records were turned in on _____, which was on or before the due date.

If this application is approved, we will need the following:
 Number of initial pins: _____
 Number of year numeral guards: _____ Specify year: _____

Submitted by:	Date:	
Address:		
City:	State:	Zip:
Phone number: - -		

FOR APPROVAL

Recognitions Facilitator or Volunteer Services Manager: Yes No Reason:

To enter a digital signature, follow these instructions: Click your cursor in the Signature field. On the menu above, go to Insert/Signature Line (located on the Text tab)/Microsoft Office Signature Line. Choose OKAY; then fill in the blanks provided.

Signature of Recognitions Facilitator or VSM:

Date:

Send to: Membership and Volunteer Services Specialist
 3663 Peters Creek Road, NW
 Roanoke, VA 24019-2809

Action taken:

Date: