

**SKYLINE STAR GS COMMUNITY AWARD**

**Directions:** Complete all requirements and send to your Volunteer Services Manager for approval. The timeframe is from October 1 to September 30.

Name of GS community:	Number of team members:
For year October 1, _____ to September 30, _____	
<b>MEMBERSHIP (Complete at least two.)</b>	
1. Team members are registered adult Girl Scouts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. At least one event or activity was conducted for recruitment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Delivery of Girl Scout program to the area or audience is effective, resulting in the continuity of 75% of troops/groups or retention of troop/group leadership.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Overall girl membership for the area or audience has reached or surpassed the membership goal agreed upon by the team and the council.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The composition of the team reflects the diversity of the area or audience.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PROGRAM</b>	
1. One program/activity/event beyond the troop experience was provided for girls.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What?	
Date:	
Attendance: Number of girls: _____ Number of adults: _____	
General description of activity:	
An event report for the above experience was sent to the Program Services Specialist on (date): _____	
2. The team maintains ongoing communication with individually registered girls, or their parents/guardians in the area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TRAINING</b>	
1. 100% of team members received training for their jobs as of (date): _____	
2. 100% of O1s and O2s received necessary training within 90 days of appointment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADMINISTRATIVE</b>	
1. 100% of job agreements were signed by (date): _____	
2. 100% of job evaluations were completed by (date): _____	
3. A functioning team was in place with no person carrying more than two specific team functions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the team members and their positions below or on a separate sheet.	
4. Initial information for our roster was sent to council headquarters by December 1. Date sent: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Team members cultivate contacts in the community, such as scheduled talks to civic groups, sponsorship agreements, or community profile updates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. The team maintains ongoing communications with each troop/group utilizing a variety of methods (e.g., meetings, e-mail, telephone, newsletter) that serves the needs of area adults.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FUND DEVELOPMENT (Complete at least one.)**

1. The team encourages adult participation in fund development and has increased annual giving to the council through gifts by 50% of team members to the Annual Fund.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List the names of team members who donated:

2. The team promotes donating to the Juliette Low World Friendship Fund (e.g., through a Thinking Day event or presentation at a GS community meeting).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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:     -     -	E-mail:	

**FOR APPROVAL**

Volunteer Services Manager:  Yes  No Reason:

Date:

E-mail to: [AdultRecognitions@gsvsc.org](mailto:AdultRecognitions@gsvsc.org) or mail to GSVSC Recognitions Committee

**Deadline is October 31. This award requires Board approval.**

**For Office Use Only**

Recognition Committee decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending, more information required
Date of Recognition Committee meeting:
If pending, please describe the information required:

Council Board approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending, more information required
Date of Board meeting:
If pending, please describe the information required: