## **GSUSA Adult Award Nomination for Volunteer of Excellence**



## Description

The Volunteer of Excellence award recognizes those volunteers who have contributed outstanding service while partnering directly with girls in any pathway to implement the Girl Scout Leadership Experience through use of the national program portfolio **or** who have contributed outstanding service in support of the council's mission delivery to girl and adult members.

## Criteria

- The nominee is an active, registered adult Girl Scout.
- The nominee has successfully completed a term of service and all requirements for the position.
- The nominee has performed beyond expectations for the position to deliver the Girl Scout Leadership Experience to girls using the national program portfolio, **or**
- The nominee's performance has been beyond the expectations of the position and has supported council's mission-delivery goals 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, MarComm).
- The nominee actively recognizes, understands, and practices the values of inclusive behavior.

## Letters of support (Form 4065) are needed from two or more additional individuals.

Name of person completing	g nomination fo	orm:			
Street:					
City:	State:		Zi	p:	
E-mail:	Pho		ie:		
Best time and method to contact you:					
NT C					
Name of nominee:					
Nominee contact information:					
Street:					
City:	State:		Zip:		
E-mail:		Phone:			
Is the nominee a member of Girl Scouts?					
Yes No	Not sure				

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.				
Please give specific examples.				
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).				
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Please list the names and contact information for individ	duals submitting letters of endorsement			
(minimum of two letters of support required):	п			
Name:	E-mail:			
Service Unit/Area/Region:	Phone:			
Name:	E-mail:			
Service Unit/Area/Region:	Phone:			
Name:	E-mail:			
Service Unit/Area/Region:	Phone:			

Signature of person submitting nomination:				
Date:				
E-mail to: adultrecognitions@gsvsc.org				
This award can be applied for at any time.				
For Office Use Only				
Recognition Committee decision:				
Approved Denied Pending, more information required				
Date of Recognition Committee meeting:				
If pending, please describe the information required:				