

Girl Scouts of NOARK Council
ADULT RECOGNITION NOMINATION FORM
Form Expires September 1, 2008

Name of Volunteer being nominated _____

Recognition being nominated for:

Outstanding Volunteer _____

Outstanding Leader _____

Appreciation Pin _____

Other (please list) _____

Service Unit (if applicable) of Nominated Volunteer: _____

Current position(s) of Nominated Volunteer: _____

Check previous recognition earned by the volunteer:

Outstanding Volunteer _____

Outstanding Leader _____

Appreciation Pin _____

Other (please list) _____

Please list names and position of individuals the submitting letters of endorsement:

Name: _____ Name: _____

Name: _____ Name: _____

Name and address of person to be notified of recommendation.

Name: _____ Position: _____

Address: _____ City: _____ Zip: _____

Telephone: Day: _____ Evening: _____

Council Task Group Recommendation

____ *Recommend to receive recognition*

____ *Not recommended.*

____ *Other award suggested* _____

Board of Directors Recommendation

____ *Recommend to receive recognition.*

____ *Not recommended.*

Signature & Date

Signature & Date