

APPRECIATION PIN

GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GEORGIA 31701
229-432-9188

WHO: FOR AN ADULT MEMBER.

WHY: FOR OUTSTANDING SERVICE TO A GEOGRAPHIC AREA OR PROGRAM DELIVERY AUDIENCE THAT FURTHERS THE COUNCIL'S GOALS.

HOW:

CRITERIA: * IS A REGISTERED GIRL SCOUT ADULT VOLUNTEER OR STAFF MEMBER
* HAS PROVED OUTSTANDING SERVICE TO A GEOGRAPHIC AREA PROGRAM DELIVERY AUDIENCE IN A WAY THAT FURTHERS THE COUNCIL'S GOALS. HAS PROVIDED SERVICE BEYOND THE EXPECTATIONS FOR THE POSITION.

NOMINATION: * ANYONE FAMILIAR WITH THE SERVICES PERFORMED SUBMITS AN APPLICATION OR NARRATIVE THAT DOCUMENTS THE SERVICE, ITS SCOPE AND IMPACT TO THE COUNCIL'S RECOGNITIONS TASK GROUP.
* THE NOMINATOR AND ONE INDIVIDUAL OR GROUPS FAMILIAR WITH THE SERVICE PERFORMED SUBMITS LETTERS OR ENDORSEMENT TO THE COUNCIL'S RECOGNITIONS GROUP.

APPROVAL: THE RECOGNITIONS TASK GROUP REVIEWS THE APPLICATION AND THE LETTERS OF ENDORSEMENT AND RECOMMENDS APPROVAL OR DENIAL TO THE COUNCIL BOARD OF DIRECTORS. THE COUNCIL BOARD OF DIRECTORS APPROVES OR DENIES THE AWARD AND NOTIFIES THE RECOGNITION TASK GROUP AND NOMINATING GROUP OR INDIVIDUAL.

DEADLINE: ALL APPLICATIONS WITH SUPPORTING DOCUMENTATION MUST BE DELIVERED TO THE COUNCIL OFFICE BY **MARCH 1ST**. ANY QUESTIONS OR FURTHER INFORMATION MAY BE ANSWERED BY CALLING THE COUNCIL OFFICE.

**GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GEORGIA 31701
1-800-448-4762 OR 229-432-9188**

APPLICATION FOR ADULT RECOGNITION AWARD

APPRECIATION PIN

DEADLINE FOR SUBMITTING: MARCH 1ST

The candidate performs outstanding service to two or more geographic areas or program delivery audience above and beyond expectations for the position held and contributes towards the Council's goals. The candidate is also a registered Girl Scout adult volunteer or staff member.

I recommend _____
(Name of recommended candidate)

Be awarded this recognition for the year _____.

Please provide the following information about the recommended candidate:

Full Name _____ Position(s) held # years _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Association # _____

If approved, the award will be presented on the following occasion and date: _____
Please outline the outstanding service, which qualifies the recommended candidate for this award:

If you wish to provide more information than this space allows, please attach additional sheet

Your Name _____ / _____
(Please print, then sign)

Your Address _____

Your Telephone # _____ Your Assoc. # _____ Your Position _____

In addition to this application two letters of endorsement from individuals or groups familiar with the service performed by the candidate are required as well as Board approval. Please send completed application form to: Girl Scout of Southwest Georgia, Inc. 515 Pine Avenue, Albany, Georgia 31701.

OUTSTANDING LEADER AWARD

GIRLSCOOUTS OF SOUTHWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GEORGIA 31701
229-432-9188

WHO: FOR A TROOP LEADER, ASSISTANT LEADER, OR COORDINATOR

WHY: FOR OUTSTANDING PERFORMANCE IN WORKING WITH GIRLS

HOW:

CRITERIA:

- * IS A REGISTERED GIRLS SCOUT ADULT.
- * HAS COMPLETED APPROPRIATE TRAINING, OR DEMONSTRATED COMPETENCE IN GIRL – ADULT PARTNERSHIP, COMMUNICATION, MEMBERSHIP DEVELOPMENT, PLURALISM, AND PROGRAM DELIVERY.
- * CANDIDATE'S WORK WITH GIRLS HAS EXCEEDED EXPECTATIONS FOR THE POSITION AS OUTLINED IN THE JOB DESCRIPTION OR AGREEMENT.

NOMINATION: * ANYONE FAMILIAR WITH THE CANDIDATE'S PERFORMANCE SUBMITS AN APPLICATION OR NARRATIVE ACCOUNT OF THE CANDIDATE'S ACCOMPLISHMENTS TO THE GEOGRAPHIC OR PROGRAM DELIVERY TEAM OR THE COUNCIL RECOGNITIONS TASK GROUP. THE APPLICATION OUTLINES HOW THE SERVICE PERFORMED HAS BENEFITED GIRLS.

- * TROOP MEMBERS OR THEIR FAMILIES OR BOTH SUBMIT TWO LETTERS OF ENDORSEMENT (WRITTEN OR TAPED) DESCRIBING THE OUTSTANDING LEADERSHIP QUALITIES OF THE CANDIDATE AND HOW THE GIRLS HAVE BENEFITED.

APPROVAL: THE RECOGNITIONS TASK GROUP REVIEWS THE INFORMATION, APPROVES OR DENIES THE NOMINATION, AND NOTIFIES THE NOMINATING INDIVIDUAL OR GROUP.

DEADLINE: ALL APPLICATIONS WITH SUPPORTING DOCUMENTATION MUST BE DELIVERED TO THE COUNCIL OFFICE BY **MARCH 1ST**. ANY QUESTIONS OR FURTHER INFORMATION MAY BE ANSWERED BY CALLING THE COUNCIL OFFICE.

**GIRL SCOUTS OF SOUTWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GA. 31701
1-800-448-4762 OR 229-432-9188**

**APPLICATION FOR ADULT RECOGNITION AWARD
OUTSTANDING LEADER AWARD**

DEADLINE FOR SUBMITTING: MARCH 1ST

The candidate performs outstanding service in working with girls and has exceeded expectations for the position. The candidate has completed appropriate training, or demonstrated competence in girl – adult partnership, communication, membership development, pluralism and program delivery. The candidate is also a registered Girl Scout adult volunteer or staff member.

I recommend _____ to be awarded this recognition for the year _____
(Name of recommended candidate)

Please provide the following information about the recommended candidate:

Full Name _____ Position(s) held # years _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Association # _____

If approved, the award will be presented on the following occasion and date: _____

Please outline the outstanding service, which qualifies the recommended candidate for this award: _____

If you wish to provide more information than this space allows, please attach additional sheet.

Your Name _____

Your Address _____

Your Telephone # _____ Your Assoc. # _____ Your Position _____

In addition to this application two letters of endorsement from troop members or their families familiar with the service performed by the candidate are required as well as Board approval. Please send completed application form to: Girl Scout of Southwest Georgia, Inc. 515 Pine Avenue, Albany, Georgia 31701.

OUTSTANDING VOLUNTEER AWARD

GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GEORGIA 31701
229-432-9188

WHO: FOR AN ADULT MEMBER IN A POSITION OTHER THAN LEADER.

WHY: FOR SERVICE TO A GEOGRAPHIC OR PROGRAM DELIVERY UNIT THAT IS BEYOND THE EXPECTATIONS FOR THE POSITION.

HOW:

CRITERIA: *

- * IS A REGISTERED GIRLSOUT ADULT.
- * HAS COMPLETED APPROPRIATE TRAINING, OR DEMONSTRATED COMPETENCE FOR THE JOB, OR BOTH.
- * HAS PERFORMED AT A LEVEL THAT EXCEEDS THE EXPECTATIONS OF THE POSITION AS OUTLINED IN THE JOB DESCRIPTION AGREEMENT.

NOMINATION: * ANYONE FAMILIAR WITH THE CANDIDATE'S PERFORMANCE SUBMITS AN APPLICATION OR NARRATIVE ACCOUNT OF THE CANDIDATES ACCOMPLISHMENTS TO THE GEOGRAPHIC OR PROGRAM DELIVERY TEAM OR THE COUNCIL RECOGNITIONS TASK GROUP.

APPROVAL: THE RECOGNITIONS TASK GROUP REVIEWS THE INFORMATION, APPROVES OR DENIES THE NOMINATION, AND NOTIFIES THE NOMINATING INDIVIDUAL OR GROUP.

NOTE: THE OUTSTANDING VOLUNTEER AWARD DIFFERS SIGNIFICANTLY FROM THE APPRECIATION PIN ONLY IN THE LEVEL OF APPROVAL REQUIRED. THIS ENCOURAGES INCREASED RECOGNITION OF VOLUNTEERS AT THE AREA LEVEL AND PROVIDES GREATER FLEIBILITY IN THE COUNCIL'S ADULT RECOGNITION SYSTEM.

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GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GEORGIA 31701
1-800-448-4762 OR 229-432-9188

APPLICATION FOR ADULT RECOGNITION AWARD

OUTSTANDING VOLUNTEER AWARD

DEADLINE FOR SUBMITTING: MARCH 1ST

The candidate performs outstanding service to a geographic area or program delivery unit above and beyond expectations for the position held and contributes towards the Council's goals. The candidate has completed appropriate training, or demonstrated competence for the job or both. The candidate is also a registered Girl Scout adult volunteer in a position other than leader.

I recommend _____ to be awarded this recognition
(Name of recommended candidate)
for the year _____.

Please provide the following information about the recommended candidate:

Full Name _____ Position(s) held # years _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Association # _____

If approved, the award will be presented on the following occasion and date: _____
Please outline the outstanding service, which qualifies the recommended candidate for this award:

If you wish to provide more information than this space allows, please attach additional sheet

Your Name _____
(Please print, then sign)

Your Address _____

Your Telephone # _____ Your Assoc. # _____ Your Position _____

Please send completed application form to: Girl Scouts of Southwest Georgia, Inc. 515 Pine Avenue, Albany, Georgia 31701.

HONOR PIN

GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GEORGIA 31701
229-432-9188

WHO: FOR AN ADULT MEMBER.

WHY: FOR OUTSTANDING SERVICE TO TWO OR MORE GEOGRAPHIC AREAS OR PROGRAM DELIVERY AUDIENCES.

HOW:
CRITERIA: * IS A REGISTERED GIRL SCOUT ADULT VOLUNTEER OR STAFF MEMBER. HAS PROVIDED OUTSTANDING SERVICE TO TWO OR MORE GEOGRAPHIC AREAS OR PROGRAM DELIVERY AUDIENCES IN A WAY THAT FURTHERS THE COUNCIL'S GOALS.

NOMINATION: * ANYONE FAMILIAR WITH THE SERVICE PERFORMANCE SUBMITS AN APPLICATION OR NARRATIVE ACCOUNT THAT DOCUMENTS THE SERVICE AND ITS SCOPE AND IMPACT TO THE COUNCIL'S RECOGNITIONS TASK GROUP. THE NOMINATOR PLUS TWO INDIVIDUALS OR GROUPS FAMILIAR WITH THE SERVICES PERFORMED MUST SUBMIT LETTERS OF ENDORSEMENT TO THE COUNCIL'S RECOGNITIONS TASK GROUP.

APPROVAL: THE RECOGNITIONS TASK GROUP REVIEWS THE APPLICATION OR NARRATIVE ACCOUNT AND LETTERS OF ENDORSEMENT AND RECOMMENDS APPROVAL OR DENIAL TO THE COUNCIL BOARD OF DIRECTORS. THE COUNCIL BOARD OF DIRECTORS APPROVES OR DENIES THE NOMINATION, AND NOTIFIES THE ADULT RECOGNITIONS TASK GROUP AND NOMINATING GROUP OR INDIVIDUALS.

DEADLINE: ALL APPLICATIONS WITH SUPPORTING DOCUMENTATION MUST BE DELIVERED TO THE COUNCIL OFFICE BY **MARCH 1ST**. ANY QUESTIONS OR FURTHER INFORMATION MAY BE ANSWERED BY CALLING THE COUNCIL OFFICE.

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APPLICATION FOR ADULT RECOGNITION AWARD

HONOR PIN

DEADLINE FOR SUBMITTING: MARCH 1ST

The candidate performs outstanding service to two or more geographic areas or program delivery audience above and beyond expectations for the position held and contributes towards the Council's goals. The candidate is also a registered Girl Scout adult volunteer or staff member.

I recommend _____ to be awarded this recognition
(Name of recommended candidate)

for the year _____.

Please provide the following information about the recommended candidate:

Full Name _____ Position(s) held # years _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Association # _____

If approved, the award will be presented on the following occasion and date: _____

Please outline the outstanding service, which qualifies the recommended candidate for this award:

If you wish to provide more information than this space allows, please attach additional sheet

Your Name _____

Your Address _____

Your Telephone # _____ Your Assoc. # _____ Your Position _____

In addition to this application three letters of endorsement from individuals or groups familiar with the service performed by the candidate are required as well as Board approval. Please send completed application form to: Girl Scout of Southwest Georgia, Inc. 515 Pine Avenue, Albany, Georgia 31701.

THANKS BADGE

**GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GEORGIA 31701
229-432-9188**

WHO: FOR AN ADULT MEMBER.

WHY: FOR TRULY OUTSTANDING SERVICE THAT BENEFITS THE TOTAL COUNCIL OR ENTIRE MOVEMENT.

HOW:

CRITERIA:

- * IS A REGISTERED GIRL SCOUT ADULT VOLUNTEER OR STAFF MEMBER.
- * HAS PROVED OUTSTANDING SERVICE THAT BENEFITS THE TOTAL COUNCIL OR ENTIRE GIRL SCOUT MOVEMENT.
- * CANDIDATE'S SERVICE IS SO SIGNIFICANTLY BEYOND EXPECTATION THAT NO OTHER AWARD IS APPROPRIATE.

NOMINATION:

- * ANY ONE FAMILIAR WITH THE SERVICE PERFORMED SUBMITS AN APPLICATION OR NARRATIVE ACCOUNT THAT DOCUMENTS THE SERVICE AND ITS RESULTS TO THE COUNCIL'S ADULT RECOGNITIONS TASK GROUP.
- * THE NOMINATOR AND 3 INDIVIDUALS OR GROUPS FAMILIAR WITH THE SERVICE PERFORMED SUBMIT LETTERS OF ENDORSEMENT TO THE COUNCIL'S RECOGNITIONS TASK GROUP.

APPROVAL: THE RECOGNITIONS TASK GROUP REVIEWS THE APPLICATION OR NARRATIVE ACCOUNT AND LETTERS OF ENDORSEMENT AND RECOMMENDS APPROVAL OR DENIAL TO THE COUNCIL BOARD OF DIRECTORS. THE COUNCIL BOARD OF DIRECTORS APPROVES OR DENIES THE NOMINATION, AND NOTIFIES THE ADULT RECOGNITIONS TASK GROUP AND NOMINATING INDIVIDUAL OR GROUP.

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ALBANY, GEORGIA 31701
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APPLICATION FOR ADULT RECOGNITION AWARD

THANKS BADGE

DEADLINE FOR SUBMITTING: MARCH 1ST

The candidate performs outstanding service that benefits the total council or entire movement. The candidate's service is so significantly beyond expectations that no other award is appropriate. The candidate is also a registered Girl Scout adult volunteer or staff member.

I recommend _____ to be awarded this recognition
(Name of recommended candidate)

for the year _____.

Please provide the following information about the recommended candidate:

Full Name _____ Position(s) held # years _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Association # _____

If approved, the award will be presented on the following occasion and date: _____

Please outline the outstanding service, which qualifies the recommended candidate for this award:

If you wish to provide more information than this space allows, please attach additional sheet

Your Name _____

Your Address _____

Your Telephone # _____ Your Assoc. # _____ Your Position _____

In addition to this application four letters of endorsement from individuals or groups familiar with the service performed by the candidate are required as well as Board approval. Please send completed application form to: Girl Scout of Southwest Georgia, Inc. 515 Pine Avenue, Albany, Georgia 31701.

THANKS BADGE II

GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.
515 PINE AVENUE
ALBANY, GEORGIA 31701
229-432-9188

WHO: FOR A THANKS BADGE RECIPIENT.

WHY: FOR CONTINUING TO CONTRIBUTE IN EXTRAORDINARY WAYS THAT BENEFIT THE TOTAL COUNCIL OR ENTIRE MOVEMENT.

HOW:

CRITERIA:

- * IS A REGISTERED GIRL SCOUT ADULT VOLUNTEER OR STAFF MEMBER.
- * HAS RECEIVED THE THANKS BADGE.
- * SINCE RECEIPT OF THE THANKS BADGE, THE CANDIDATE HAS PROVIDED DISTINGUISHED SERVICE BY:
 - * CONTINUING TO PERFORM AT THE SAME HIGH LEVEL FOR AN EXTENDED PERIOD OF TIME, OR
 - * INCREASING HER/HIS SKILLS AND TALENTS TO MOVE INTO ANOTHER FIELD OF ENDEAVOR.
 - * CANDIDATE'S SERVICE BENEFITS THE TOTAL COUNCIL OR ENTIRE GIRL SCOUT MOVEMENT.
 - * CANDIDATE'S SERVICE IS OUTSTANDING AND IS SO SIGNIFICANTLY BEYOND EXPECTATIONS THAT NO OTHER AWARD IS APPROPRIATE.

NOMINATION:

- * ANY ONE FAMILIAR WITH THE SERVICE PERFORMED SUBMITS AN APPLICATION OR NARRATIVE ACCOUNT THAT DOCUMENTS THE SERVICE AND ITS RESULTS TO THE COUNCIL'S ADULT RECOGNITIONS TASK GROUP.
- * THE NOMINATOR AND 3 INDIVIDUALS OR GROUPS FAMILIAR WITH THE SERVICE PERFORMED SUBMIT LETTERS OF ENDORSEMENT TO THE COUNCIL'S RECOGNITIONS TASK GROUP.

APPROVAL: THE RECOGNITIONS TASK GROUP REVIEWS THE APPLICATION OR NARRATIVE ACCOUNT AND LETTERS OF ENDORSEMENT AND RECOMMENDS APPROVAL OR DENIAL TO THE COUNCIL BOARD OF DIRECTORS. THE COUNCIL BOARD OF DIRECTORS APPROVES OR DENIES THE NOMINATION, AND NOTIFIES THE ADULT RECOGNITIONS TASK GROUP AND NOMINATING INDIVIDUAL OR GROUP.

DEADLINE: ALL APPLICATIONS WITH SUPPORTING DOCUMENTATION MUST BE DELIVERED TO THE COUNCIL OFFICE BY **MARCH 1ST**. ANY QUESTIONS OR FURTHER INFORMATION MAY BE ANSWERED BY CALLING THE COUNCIL OFFICE.

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ALBANY, GEORGIA 31701
1-800-448-4762 OR 229-432-9188**

APPLICATION FOR ADULT RECOGNITION AWARD

THANKS BADGE II

DEADLINE FOR SUBMITTING: MARCH 1ST

The candidate has received the Thanks Badge. Since receipt of the Thanks Badge, the candidate has provided distinguished service by continuing to perform at the same high level for an extended period of time. The service benefits the total council or entire movement. The candidate is also a registered Girl Scout adult volunteer or staff member.

I recommend _____ to be awarded this recognition
(Name of recommended candidate)

for the year _____.

Please provide the following information about the recommended candidate:

Full Name _____ Position(s) held # years _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Association # _____

If approved, the award will be presented on the following occasion and date: _____

Please outline the outstanding service, which qualifies the recommended candidate for this award:

If you wish to provide more information than this space allows, please attach additional sheet

Your Name _____

Your Address _____

Your Telephone # _____ Your Assoc. # _____ Your Position _____

In addition to this application four letters of endorsement from individuals or groups familiar with the service performed by the candidate are required as well as Board approval. Please send completed application form to: Girl Scout of Southwest Georgia, Inc. 515 Pine Avenue, Albany, Georgia 31701.