

Please refer to the **Adult Recognitions Guide** found on [www.gswny.org](http://www.gswny.org) when completing this nomination. It provides general information for adult recognitions and specific information for each award.

**Submit completed nominations and statements of endorsement to Service Unit Manager or Service Unit Adult Recognition Committee by the deadline set by your service unit.**

**IMPORTANT: COMPLETE ALL APPLICATION REQUIREMENTS AND PROVIDE ATTACHMENTS**  
**Please submit at least eight weeks prior to proposed presentation date.**

**Description:** The Volunteer of Excellence 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 girls and adult members. The nominee is an active, registered adult Girl Scout.

**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 GSLE to girls using the National Program Portfolio or
- The nominee's performance has been beyond the expectations of the position and has supported the 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.
- The nominee actively recognizes, understands, and practices the values of inclusive behavior.

**NOMINEE INFORMATION:**

Name:		GSUSA ID:	
Address:	City:	State:	Zip:
Troop/Group #:	Service Unit:		
Phone:	Email address:		
Current Primary Position:		# of years of adult membership:	

**LEAD NOMINATOR:**

Name:			
Address:	City:	State:	Zip:
Phone:	Email address:		

**STATEMENT OF ENDORSEMENT FORMS:**

Only GSWNY Statement of Endorsement Forms (available in Forms Library of [gswny.org](http://gswny.org)) will be accepted as statements/letters of endorsement. At least two GSWNY Statement of Endorsement Forms from individuals familiar with the service performed must accompany this application. Endorsers **MUST** be individuals **OTHER THAN** those in nominating group. Attached Statement of Endorsement Forms submitted by:

Name:	Title:
Name:	Title:

**CONFIDENTIAL RECORD OF SERVICE**

Please use this form to describe how the nominee’s service met the criteria for the award.

**Complete each section and attach additional pages as necessary.**

**A) List the nominee's service. Include positions held, geographic area served (SU, region, Council wide), and dates of service. List the most recent first.**

Position:	Geographic Area Served:	Dates Served:
Position:	Geographic Area Served:	Dates Served:
Position:	Geographic Area Served:	Dates Served:
Position:	Geographic Area Served:	Dates Served:
Position:	Geographic Area Served:	Dates Served:
Position:	Geographic Area Served:	Dates Served:

**B) Please explain why this person should be considered for this award.**

In what area has the nominee significantly contributed to supporting one of more of the council’s mission delivery goals?

- Membership Development/Community Cultivation
- Volunteer Relations and Support
- Program, Leadership and Governance
- Fund Development

How does the nominee exemplify the Girl Scout Promise and Law?

Please describe the specific impact the nominee has made through this service including any relevant data.

In what does the service of this nominee support the requirement of outstanding service to at least one Service Unit or program delivery audience?

**Please attach additional pages as necessary of the following supporting documentation to indicate how the nominee meets the criteria for this award:**

- |  |   |
|--|---|
| <input type="checkbox"/> Membership data             | <input type="checkbox"/> Volunteer satisfaction data  |
| <input type="checkbox"/> Program impact data         | <input type="checkbox"/> Service delivery team and/or |
| <input type="checkbox"/> Volunteer support resources | Council goals   |

**PREFERRED LOCATION FOR AWARD PRESENTATION: (please check one and explain)**

The nominator will be informed of the decision and will notify recipient of venue of presentation.

	Service Unit Event:
	Annual Meeting:
	Council Event:
	SUM Recognition:
	Other:

**Signature of person submitting nomination:**

**Date:** \_\_\_\_\_