

***Award Nomination Form
HONOR PIN***

The Honor pin recognizes an adult member who has delivered outstanding service to two or more geographic areas or regions.

An individual or group familiar with the nominee's performance submits a completed nomination form and **three** letters of endorsement. Retain one copy and mail the originals to: Girl Scouts—Dakota Horizons, Attn: Adult Development and Program Director.

Letters of endorsement are required. Utilizing the letter of endorsement outline, include **three** letters of endorsement from individuals, troop/group members, their families or employers (anyone other than the nominator) that describes the scope and impact of the nominee's service to Girl Scouting in at least two geographic areas or regions.

PLEASE TYPE OR PRINT. USE INK.

Name of Nominee: _____

Address: _____ Phone: _____

Troop/Group #: _____ Service Unit: _____

Current Position(s): _____

Criteria for Selection:

- The nominee is currently a registered Girl Scout adult volunteer or staff member.
- The nominee has provided outstanding service to two or more geographic areas or regions in a way that furthers the council's goals.
- The service goes beyond the expectations for the position description.

BE SPECIFIC AND FACTUAL WITH YOUR ANSWERS

Describe how the nominee has delivered service beyond expectation of the position

within the Troop: _____

within the Service Unit: _____

within the Council: _____

List the impact and results of this person's actions

within the Troop: _____

within the Service Unit: _____

within the Council: _____

List two examples of sound decision-making by the nominee:

1) _____

2) _____

List other roles this nominee has within the community:

Nominator Name, Address and phone #:

Email Address: _____

Signature of Nominator: _____ Date: _____

RECOGNITION TASK GROUP:

Print out attached list of previous Girl Scout Awards received

Number of membership years as a: Girl Member: _____ Adult Member: _____

Recommend to receive **HONOR PIN**. Date: _____

Letter sent to nominator. Date: _____ Initials: _____

Not recommended. Comments: _____

BOARD OF DIRECTORS:

Date approved: _____ Signature: _____