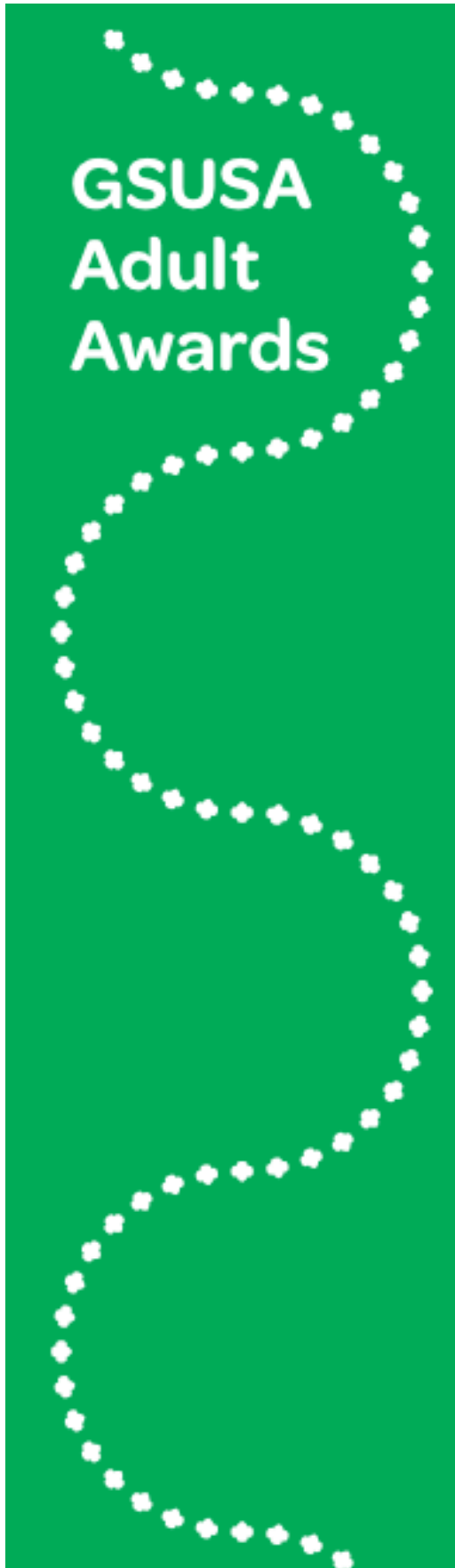


# Nomination for Volunteer of Excellence



Name of person completing nomination form:

Best way to contact you (phone, e-mail, etc.):

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Name of nominee:

SU#:

Nominee contact information

Address:

Phone:

E-mail:

Is the nominee a current member of Girl Scouts?

Yes

No

The nominee:

Works directly with girls

Volunteers indirectly, working with adults

Current position(s) held by nominee:

This award requires one letter of endorsement from an individual other than the nominator.

Please list the names and contact information for individual(s) submitting letters of endorsement. :

Name:

Contact information:

Name:

Contact information:

Letters of endorsement should include specific information to indicate how the nominee meets the criteria of the award.

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 be specific and include data when possible.

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).

**Please attach an overview of the nominee's outstanding service and the letters of endorsement.**

Signatures of Service Delivery Team Members Approving this Award (A majority of the group must sign the application).

Name of Service Delivery Team (examples: Service Unit #, Mall Sleepover Committee, etc.):

Total number of Delivery Team Members \_\_\_\_\_ (Please list names below)

We plan to present this award on \_\_\_\_\_ (date). Please send the award to:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_

Signature of person submitting nomination:

Date:

Please return completed nomination to: Girl Scouts of Central Maryland, Adult Recognitions

4806 Seton Drive  
Baltimore, MD 21215

[membercare@gscm.org](mailto:membercare@gscm.org) – Please include **Adult Recognitions** in Subject Line

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***For Office Use Only***

Recognition Committee decision:

Approved     Denied     Pending, more information required

If pending, please describe the information required:

Signature of committee chair:

Date: