girl scouts of wisconsin southeast

# President's Award Nomination

**Who to Consider:** A service area, program delivery team, or committee.
**Criteria:**

- All service-team members are registered Girl Scouts.
- All service-team members have met all requirements and expectations of the positions held.
- The service-delivery team has significantly contributed to meeting one or more of the council's mission-delivery goals.
- The service-delivery team reflects the diversity of the target audience or area it serves, in girl and adult membership, in all pathways offered.
- The service-delivery team actively recognizes, understands, and practices the values of inclusive behavior.

**What is required for nomination process:** Completed nomination form with supporting documentation.
**Submit to:** Any GSWISE Resource Center/Service Center by February 2, 2015.
**Mailing address:** Girl Scouts of Wisconsin Southeast, PO Box 14999, Milwaukee, WI 53214-0999.

**Please print clearly**

Name of person completing nomination form _____

Best way to contact you (phone, email, etc.) _____

Name of nominated team _____

Team lead contact information _____

Address _____

Phone _____ Email _____

Names of other team members _____

Are all team members current Girl Scouts?
❒ Yes ❒ No ❒ Not sure

Have all team members completed the requirements for their positions?
❒ Yes ❒ No ❒ Not sure

Does this team reflect the diversity of the target audience or area it serves, in girl and adult membership, in all pathways offered?
❒ Yes ❒ No

Please attach supporting documentation to indicate how the team meets the criteria for this award. This could include the following:

Letters of endorsement

Volunteer support resources

Membership data

Program impact data

Service delivery team, service area, and/or council goals

Please list the names and contact information for individuals submitting letters of endorsement or additional documentation:

Name _____ Contact Information _____

Name _____ Contact Information _____

Name _____ Contact Information _____

Please describe how the team has delivered outstanding service that has significantly contributed to meeting one or more of the council's mission-delivery goals. Also, please describe how this team actively recognized, understood, and practiced the values of inclusive behavior. Attach additional pages if necessary. Please give specific examples.

Signature of person submitting nomination _____ Date _____

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**Section to be completed by Volunteer Development Department**

Task Group Recommendation Date: _____