

## HONOR PIN NOMINATION FORM

Please provide detailed and accurate information and reference Volunteer Essentials for all award guidelines and requirements. The information provided may be used in the presentation of the award. Attach additional sheets if necessary.

## Honor Pin Criteria:

This candidate is an active, Girl Scout Adult Volunteer and has provided outstanding service to TWO or more geographic or program delivery audiences in a way that furthers the Council's goals. The candidate has significantly contributed to meeting one or more council goals in membership growth and retention, fund development, or increased community visibility in TWO or more geographic areas. The candidate actively recognizes, understands and practices the values of inclusive behavior.

When completed, forward this nomination form and required Letters of Endorsement directly to the Adult Development Coordinator to begin the review process: ATTN: ADULT AWARDS—Honor Pin, GSGMS Gulf Coast Service Center, 1610 25th Ave., Gulfport, MS 39501 or email to customercare@gsgms.org. Please note: Letters of Endorsement must be from individuals *other than* the nominator.

The deadline for submissions for the Honor Pin is Feb. 1.

## NOMINEE INFORMATION

Name of nominee:				
Address:		City	State	Zip
Phone-Day:	Phone-Cell:	Phone-Evening:		
Service Unit:		Troop # (if applicable):		
Current position(s) held	in Girl Scouting:	· 、	··· /	
Previous position(s) hel	d in Girl Scouting:			
Previous awards earned	d by nominee:			

Who is being impacted by the work of this volunteer (include at least two geographic areas, girls, adults, etc.)?:

How has this nominee provided exemplary service in two or more geographic areas?:

(You may use additional paper as needed)



List the results of the nominee's actions and the impact she/he has made in her/his community:

How is this nominee a "sister" to every Girl Scout?:

Please list the individuals who are submitting letters of endorsement: (Please note: The individual submitting the award nomination cannot write a letter of endorsement for that nomination.)

1. Name: Address:	Position			
Street Phone-Day:	City	State	Zip	
2. Name: Address:	Position			
Street Phone-Day:	City	State	Zip	
3. Name: Address:	Position			
Street Phone-Day:	City	State	Zip	
Name of person submitting nomination form:				
Signature:	Date:	Position:		
Address:				
Phone: Email:				
Recognition Review Committee:				
Approved QYes QNoComments Recognition Review Committee		Date		
Board of Directors Committee:				
Approved DYes DNoComments				