

THANKS BADGE I and II NOMINATION FORM

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

Thanks Badge and Thanks Badge II Criteria:

The candidate is an active, Girl Scout Adult Volunteer and has provided outstanding service that benefits the total council or the entire Girl Scout movement and has taken a leadership role at the council level in one or more of the following areas during the previous four years: increasing membership growth and retention, increasing the percentage of adult generated funding in total council income, increasing innovative program opportunities council wide, or developing broad participation in policy-influencing through the democratic process. The candidate actively recognizes, understands and practices the values of inclusive behavior. The service of this volunteer is so significantly beyond expectations that no other award is appropriate. In order to receive the Thanks Badge II, the nominee must have previously received the Thanks Badge and has continued to provide outstanding service to the Girl Scout organization.

Is this a nomination for (please circle): THANKS BADGE THANKS BADGE II or 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-Thanks Badge I/II, GSGMS Gulf Coast Service Center, 1610 25th Ave., Gulfport, MS 39503 or email to customercare@gsgms.org.

Please note: Letters of Endorsement must be from individuals other than the nominator.

The deadline for submissions for Thanks Badge I and II is Feb. 1.

NOMINEE INCORN	IATION			
Name of pominee:				
Street		City	State	Zip
Phone-Day:	Phone-Cell:	Phone-Evening:		
Service Unit:		Troop # (if applicable):		
Current position(s) held	in Girl Scouting:			
Previous position(s) held	d in Girl Scouting:			
Previous awards earned	d by nominee:			
Who is being impacted	by the work of this volunteer (council-wide, girls	s, adults, etc.)?:	
How has this nominee p	provided exemplary service to	the Council or the	e entire Girl Scout	movement?:

(You may use additional paper as needed)



List the results of the nominee's actions and t	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 Sc	cout?:					
Please list the individuals who are submit (Please note: The individual submitting the av nomination.)			dorsement for that			
1. Name:						
Address:	City	State	Zip			
Phone-Day:	•		p			
2. Name:	Position					
Address:						
Phone-Day:	City Email :	State	Zip			
3. Name:Address:	Position					
Street	City	State	Zip			
Phone-Day:	EIIIaII					
4. Name:	Position					
Address:	City	State	Zip			
Phone-Day:	· · · · · · · · · · · · · · · · · · ·		·			
Name of person submitting nomination fo	orm:					
Signature:	Date:	Position:				
Address:						
Phone: Email:						
Recognition Review Committee:						
Approved □Yes □NoComments Recognition Review Committee						
Board of Directors Committee:						
Approved □Yes □NoComments						
Board Signature		Date				