



Nomination for Volunteer of Excellence

Name of person completing nomination form: _____

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

Name of nominated team:

Team Lead contact information:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Are all team members current members of Girl Scouts?

Yes No Not sure

The nominee:

Works directly with girls

Volunteers indirectly, working with adults

Current position(s) held by nominee: _____

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

Letter(s) of endorsement Volunteer support resources

Membership data Volunteer satisfaction data

Program impact data Service delivery team, service area, and/or council goals

Other _____

