



VOLUNTEER of EXCELLENCE

The Volunteer of Excellence Award is a pin depicting a gold trefoil. It is an official GSUSA recognition and may be worn on the Girl Scout uniform. This award is presented at the Community level.

Criteria for Selection

- The candidate is an active, registered adult Girl Scout with a current and cleared background check screening on file.
- The candidate has successfully completed a term of service and all training requirements for the position.
- The candidate has performed beyond expectations for the position to deliver the Girl Scout Leadership Experience to girls using the national program portfolio, or
- **The candidate's performance has been beyond the expectations of the position and has supported the council's mission**-delivery goals 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.
- The candidate actively recognizes, understands and practices the values of inclusive behavior.

Procedures for Processing Nomination (Allow four (4) weeks for processing):

1. Submit nomination to Community Chair. If no Community Chair, submit to Volunteer Support Center.
2. The nomination is reviewed by the Community Team who will take one of the following actions:
 - a. Recommend Approval:
 - i. Community Team members will submit nomination to Volunteer Support Center for processing.
 - b. Not recommended:
 - i. A Community Team member will notify the nominating individual or group.
3. Volunteer Support Center will review nomination to ensure selection criterion is met & notify Community Recognitions and Learning Coordinator of final review.
4. Community Recognitions and Learning Coordinator will notify nominator when approved and ready for purchase.
5. Volunteer Support Center will notify shop and file recommendation in volunteer file.



Required Information

Name of Nominee:		Community:
Address:	City:	Zip:
Email:	Phone:	Troop # (if applicable):

Submitted By:		Community:
Address:	City:	Zip:
Email:	Phone:	Troop # (if applicable):

1. Describe the service/support provided:

2. Provide information about the audience benefitting from the service/support and the impact on the Community, beyond the expectations of the position held:

NOTE: Attach extra pages as necessary.

For Community Only		
Community Representative Name:	Recommend Approval? YES/NO	Date:

FOR OFFICIAL USE ONLY			
Date Rcvd in VSC/Initials:	Member: YES/NO	CBC Current: YES/NO	Training Current: YES/NO
Other Awards Received:			
Approval YES/NO If NO, explain:			
Date Staff Notified Recog. & Learning Coord.:		Date to Shop/Initials:	