Service Community Award Nomination Form



Nominations for adult recognitions, as described below, should be submitted your Service Community Recognition Coordinator

Awards

Volunteer of Excellence	e Award		Community Service Award
	Newcomer	Aw	vard
Candidate Name:			
Address:			
Telephone:	Email:		
Service Community:			Troop/Group #:
Current Role:	Other roles held: _		
Previous Awards Recieved:			
			Date:
			Date:
Number of years in Girl Scouts:	(I	f kn	own)
Nominee Name:			
Address:	City/Zip:		
Telephone:	Email:		
Service Community:			Troop/Group #:
Current Role:	Other roles h	eld:	
How familiar are you with the candidate	:		

Nomination Letter

· · · · · · · · · · · · · · · · · · ·	he nominee has delivered service that is exceptional above eld. Include a description of how the candidate meets the dditional sheets if needed)
Signature:	Date:
To be completed by Sei	vice Community Recognition Coordinator
The Service Community Committee: En	dorses Does not endorse this nomination
Signature:	Date:
To be compl	eted by Citrus Council Staff
Nomination was receive	-
(Date)	(Date)
Signature:	