



SERVICE UNIT AWARD ADULT RECOGNITION NOMINATION

Service Unit Award: Volunteer of Excellence Award Rookie of the Year Award
 Green Knight Award

Name of Nominee: _____ Home Phone: () _____
Address: _____ Work Phone: () _____
City: _____ State: _____ Zip: _____
Position(s) held in Girl Scouting, if applicable: _____

Troop #, if troop affiliated: _____ Service Unit: _____

Nominator

Address: _____
City: _____ State: _____ Zip: _____
Phone: (W) () _____ (H) () _____ (C) () _____
Email: _____

Please complete the following, (you may add additional sheets if necessary):

Give a detailed description of how this nominee has delivered service beyond the expectation of the position held:

Describe the specific audience(s) benefiting from the service and how they benefited:

List the impact and results of this person's actions:

For Service Unit Recognitions Committee use only: Nomination Approved Not approved

SUM (or committee chair) Signature: _____ Date: _____

Print Name: _____ Position: _____

If approved, submit this signed form to the council store when purchasing pin.