



# Girl Scouts®

## Girl Scouts of the Jersey Shore

### Volunteer Self-Evaluation

Name \_\_\_\_\_ Service Unit \_\_\_\_\_

Position \_\_\_\_\_ Troop # \_\_\_\_\_

This self-evaluation will provide you with the opportunity to reflect on the past year's experience in Girl Scouts and assist in improving Girl Scouting for the future.

#### Check if completed

Attended appropriate training for troop program level \_\_\_\_\_

Troop participated in Early Bird Registration (if applicable) \_\_\_\_\_

Troop registered on time (October 1<sup>st</sup>) \_\_\_\_\_

Met minimum troop size \_\_\_\_\_

Troop supported Council fundraising activities

    Hugs \_\_\_\_\_

    Nuts/QSP \_\_\_\_\_

    Cookies \_\_\_\_\_

Submitted reports on time

    Volunteer Agreement \_\_\_\_\_

    Troop Bank Account Form \_\_\_\_\_

    Detailed Cash/Financial Report \_\_\_\_\_

Troop was represented at all service unit meetings \_\_\_\_\_

Troop conducted a Court of Awards (girl recognition) \_\_\_\_\_

Troop was involved with community service \_\_\_\_\_

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#### Rate yourself using the letters E=excellent, G=good, F=fair

Adhered to the Council Policies and Safety-Wise \_\_\_\_\_

Maintained accurate troop records \_\_\_\_\_

Encouraged parental involvement \_\_\_\_\_

Fosters girl/adult planning \_\_\_\_\_

Continuously recruited girls and adults \_\_\_\_\_

Communicated to the parents and to the service team \_\_\_\_\_

Volunteer Signature _____	Date _____
Supervisor Signature _____	Date _____
Comments _____	
_____	
_____	

Distribution: Membership Director, Service Unit Manager, Team Member