

## ***Service Unit Awards Nomination Form***

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Date Submitted \_\_\_\_\_

Date Received \_\_\_\_\_

### **Instructions:**

- Information must be typed or printed by hand.
- Follow the criteria given for each recognition in “Awards and Recognitions for Adult Girl Scouts”.
- All nominations must be submitted with required letters and signatures of endorsement, by the Service Unit’s Recognitions Chairperson.
- **March 1 is the deadline for Service Unit recognitions to be received by the Service Units Recognitions Chairperson.** . Any nomination received after March 1 will be returned to the individual submitting the nomination.

### **Recognition applied for (*check one*):**

\_\_\_ Numeral Guard (15 years & under)

# of Years \_\_\_\_\_

\_\_\_ Service Unit Community Award

\_\_\_ Leadership Development Pin

\_\_\_ Development Leaves:

# \_\_\_green # \_\_\_ silver # \_\_\_gold

\_\_\_ Years of Service (10 years & under)

# of Years \_\_\_\_\_

\_\_\_ Rookie Leader Award

\_\_\_ Juliette Leader Award

\_\_\_ Soaring High

\_\_\_ Outstanding Volunteer

\_\_\_ Outstanding Leader

### **Nominee Information:**

Name: \_\_\_\_\_

Phone (day) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

### **Information of Person Recommending Award:**

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ Email \_\_\_\_\_

(See Reverse Side To Complete Nomination)

## ***Service Unit Awards Nomination Form – Side Two***

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### **Endorsements: (not required for some awards, see specific award criteria)**

On a separate piece of paper, please describe the service performed by the nominee, which fulfills the criteria as listed for the requested award. Be sure to include:

- How nominee has delivered service beyond expectations of the position(s) held.
- List the impact and results of this person's actions including specific audience benefiting service.

### **Please list names and positions of individuals endorsing this nomination:**

*(For number required, please consult recognitions guidelines for individual award.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### **\*\*\*For Service Unit Community Award Nominations\*\*\***

Contact Name: \_\_\_\_\_

Organization/Business Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

#### **Monmouth Service Center:**

242 Adelpia Road, Farmingdale, NJ 07727-3525  
Phone: 732-938-5454 Fax: 732-938-7463

#### **Ocean Service Center:**

1405 Old Freehold Road, Toms River, NJ 08753  
Phone: 732-349-4499 Fax: 732-349-4690