Girl Scouts of Eastern South Carolina

Rookie of the Year

Directions: Fill in all blanks. Be specific. Please print/type. **The nominator should forward completed form and two letters of endorsement to the Service Unit (SU) Recognitions Committee. Deadline for submission will vary by SU but will be before the council deadline.** Note that all SU level Recognitions have to be submitted by the SU no later than Feb,15th.
Each SU can submit 2 Rookies per year.

Information on Nominee:

_____

Last Name First Name Service Unit & Troop #

_____

Address

_____

City Zip Phone #

_____

E-mail Address

1. **First year or second year** as a registered Girl Scout leader/assistant leader

2. Volunteer application and three (3) references & current Job Agreement are on file at the North Charleston Service Center.

3. Dates completed Introduction to Girl Scouting, Girl Scouting 101 and Leadership Essentials.

_____ _____ _____

4. Troop Certification [Trained adults working with troop, does not have to be nominee]

First-Aid & CPR_____
[Trained Adult, Place and Date Course Taken]

Planning Trips with Girls_____
[Trained Adult, Place and Date Course Taken]

Troop Camper_____
[Trained Adult, Level(s), Place and Date Course Taken]

Child Abuse Awareness and Prevention_____
[Trained Adult, Certifying Organization and Date Course Taken]

5. At least 5 girls, leader, assistant leader and 3 committee members registered with the troop: Yes ___ No___

6. Date and name of an additional training completed (i.e. Ceremonies, Grade Level Portfolio).

_____

_____

7. Name of council product sale and date the troop participated in:

_____

8. Name of Council or Service Unit event and date the troop participated in:

_____

9. Name of Take Action project and date the troop participated in:

_____

10. Name of Service Unit and dates he/she attended at least three Service Unit meetings:

_____ Date_____

Date_____

Date_____

Nominated by

Name (individual or group contact):_____

Address: _____

Telephone (home) :_____(work) _____ (e-mail)_____

Service Unit Name_____

Names of nominating individual(s) or group supplying letters of endorsement:

_____Date_____

_____Date_____

Thank you for your time and consideration.

For Service Unit Recognitions Committee Use Only

_____The Service Unit Recognitions Committee approves this nomination

_____The Service Unit Recognitions Committee denied this nomination