

## Service Unit Troop Mentor Volunteer Appointment Letter

This form is to be completed annually with the Service Unit Manager and retained by the Service Unit Manager.

Having successfully met the position qualifications, \_\_\_\_\_ is appointed to the position of Service Unit Troop Mentor for the period of \_\_\_\_\_ to \_\_\_\_\_. The volunteer agrees to fulfill the role, duties, and responsibilities of the position with accountability to the Service Unit Manager(s), Membership Specialist, and Area Manager.

**ROLE:** Consult, advise, and support troop leaders/advisors in developing quality girl programs. Serve as the liaison between troops/groups and the Service Unit Team, community organization, or other delivery system.

### DUTIES AND RESPONSIBILITIES:

### ON-TARGET

Assist the troop leader/advisor in understanding the basic concepts of Girl Scouting and the troop leader's/advisors role.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be familiar with current GSCNC and GSUSA programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that the troop leader is increasingly comfortable with their position.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assist the troop leader with the planning and implementation of the girl planned, girl led concept and the girl/adult partnership concept.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acquaint the troop leader/advisor with program activities and community resources and help the leader/advisor enhance and evaluate the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Share knowledge and skills with troop leaders/advisors on a regular basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work with troop leaders/advisors to ensure that they understand GSCNC and GSUSA policies and standards as they pertain to the program needs of individual troops/groups.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Encourage the troop leader/advisor to participate in training opportunities.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### QUALIFICATIONS:

### ON-TARGET

Register as an adult member of Girl Scouts of the USA.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete the Volunteer Position Application process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accept and adhere to the purpose and principles of Girl Scouting.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be willing and able to work in a positive manner with diverse groups with varying lifestyles and cultures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognize, understand, accept, interpret, and support all council goals, policies, guidelines and objectives, including the Human Relations Policy Statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete required training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does not have any outstanding debts with any GSCNC entity (e.g.- troops, Service Unit, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demonstrate planning, organizational and communication skills.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demonstrate an ability to speak before groups and to market involvement in the Girl Scout movement to adults.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**METHOD OF SELECTION:** Selected and appointed by the Service Unit Manager.

**ACCOUNTABILITY:** Accountable to the Service Unit Manager(s), Membership Specialist, and Area Manager.

**TERM OF POSITION:** Appointed annually.

I, \_\_\_\_\_, Service Unit Troop Mentor, agree to fulfill the duties and responsibilities as listed above and have met or will meet all qualifications as listed. I understand that failure to fulfill these responsibilities and/or qualifications could result in my not being re-appointed and/or dismissal from this position.

\_\_\_\_\_  
Signature                      Date                      Years In Position                      Date of Review                      Initials

\_\_\_\_\_  
Signature of Membership Specialist                      Date of Review                      Initials

Use additional paper to expand on the duties and responsibilities of this position.