

Please return completed form to: Girl Scouts—Dakota Horizons 1101 S Marion Road, Sioux Falls, SD 57106 605.336.2978 or 800.666.2141 Fax 605.336.6841 www.gsdakotahorizons.org

	ment Author:	Date:		
,		Relationship to Nominee: Email:		
				_
Name of	Nominee:			
Nominee	Email/Phone:			
	☐ Leading the Way Award	☐ Do-Dad Award	☐ Rising Star Award	
	☐ Unsung Hero Award	☐ Trefoil Award	☐ Volunteer of Excellence	
	☐ Appreciation Pin	☐ Honor Pin	☐ Thanks Badge	
	☐ Thanks Badge II			
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the person review conto the vol	on has met the criteria for the award. ommittee relies on specific, detailed a lunteer position description to answe give a brief introduction to the nomin	All award nominations are revi answers to the questions to de er the questions below. Add ad	ewed without names attached; therefore the termine if the award should be given. Please Iditional sheets as necessary.	ne e refe

2) How has the nominee's service benefitted girls and/or fellow volunteers?

3) How has the nominee's service gone above and beyond the position des	cription?
4) How does the nominee's service assist with reaching council goals?	
5) Any additional information you would like us to consider?	
Signature	_Date