



# Outstanding Leader Letter of Recommendation Outline

The outstanding leader recognizes outstanding service to at least one troop. Two letters of recommendation are required.

Name of Nominee: \_\_\_\_\_

GSUSA ID#: \_\_\_\_\_ Service Unit Number: \_\_\_\_\_ Date: \_\_\_\_\_

***THIS IS A COVER SHEET AND SHOULD BE STAPLED  
ON TOP OF EACH LETTER OF RECOMMENDATION***

The letter of recommendation should be addressed to Service Unit Adult Awards Task Group. All of the paragraphs listed here should be included in your letter in the order listed. Additional information may be added. The information contained in this letter should be as specific as possible, giving accurate facts, dates, and descriptions of incidents.

**Paragraph 1:**

This letter is a recommendation in support of \_\_\_\_ for Outstanding Leader (Add general comments if you wish.)

**Paragraph 2:**

I am recommending that he/she be given this award because. . .

**Paragraph 3:**

List and describe the service rendered to the troop. Explain how the service rendered to the troop has been outstanding or has been beyond the expectations of the position held. (Refer to the criteria on nomination form.)

**Paragraph 4:**

Describe the specifics of at least one event and the impact that it has made on the girls.

**Paragraph 5 (optional):**

Add any other pertinent information here. (This may include, but is not limited to other community service or prior awards given.)

**COMPLETE THE FOLLOWING STATEMENT:**

This letter of recommendation was submitted by the person listed below:

Name: \_\_\_\_\_ Position in Girl Scouting \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

(Duplicate this form as necessary.)

# Outstanding Leader: Nomination Form

## I. INSTRUCTIONS:

- The nominating individual or group completes the nomination application.
- Attach two letters of endorsement to the application. Consider carefully the persons chosen to write the letters in support of the nominee. They should be able to convey information and their feelings clearly and concisely through the written word. Persons writing recommendations should be willing to complete and return them to the nominating individual or group in a timely manner.
- The nomination form and letters of endorsement (with cover sheets) are submitted to the Girl Scouts - Audubon Council Adult Awards Task Group no later than March 15.

### Criteria for Selection: *OUTSTANDING LEADER*

- The nominee is an active adult member registered with Girl Scouts of the USA and is serving as a leader, co-leader, or assistant leader of a troop.
- The nominee has received appropriate training for the position held.
- The service performed by the candidate as a leader is so outstanding in nature that it merits recognition by the geographic area or program delivery unit.
- Letters of recommendation have been submitted, with the nomination application, to the service unit awards task group by two individuals or groups who are familiar with the service performed by the nominee.

## II. NOMINEE INFORMATION: Please give full name and titles, if any.

Name: \_\_\_\_\_  
Girl Scout ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Service Unit: \_\_\_\_\_ Positions in Girl Scouting: \_\_\_\_\_

## IV. NOMINEE'S GIRL SCOUT TRAINING:

	Course Name	Dates
Leadership Training, Level(s):	_____	_____
Outdoor Education:	BTC, ITC, ACT	_____
First Aid and CPR (latest):	_____	_____
Others, please list:	_____	_____

## V. PREVIOUS AWARDS: Please give date awarded.

Leadership Development Pin. (please list level) \_\_\_\_\_  
Green Angel \_\_\_\_\_  
Outstanding Volunteer \_\_\_\_\_  
Trainer's Pin, please list level \_\_\_\_\_  
Others, please list: \_\_\_\_\_

Type of Service

Name of Organization

Dates

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**VII. This Outstanding Leader nominee is NOMINATED BY:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Signature(s) of nominating individual(s)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**For TASK GROUPS only:**

The Service Unit Task Group      endorses      does not endorse this nomination for the Outstanding Leader.

Signature of Task Group Chair: \_\_\_\_\_ Date: \_\_\_\_\_

The Service Unit Chair      endorses      does not endorse this nomination for the Outstanding Leader.

Signature of the Service Unit Chair: \_\_\_\_\_ Date: \_\_\_\_\_