



ADULT RECOGNITIONS

The Girl Scouts of Connecticut Helping Hand pin recognizes any type of noteworthy contribution by a registered volunteer who is acting in a leadership role. Examples of possible candidates may include, but are not limited to, an individual who has delivered a unique program to a Troop/Group, organized an event for a Service Unit, taken on a service team position, or an individual whose job performance has exceeded expectations.

Form of Recognition:

- The Girl Scouts of Connecticut Helping Hand award is a pin presented at the local Service Unit level at any Service Unit meeting or event.

Criteria:

- Candidate must be a registered adult member of Girl Scouts and support the Girl Scout Mission.
- Candidate has completed appropriate training for her/his position and/or has demonstrated experience related to the leadership role nominated for.
- Candidate's work merits the recognition, which is for the current Girl Scout membership year.

Nomination:

- This application is completed by an individual or group familiar with the candidate's performance.

Submission/Approval:

- Please submit this completed application form to your local Service Unit Recognitions Chairperson or designee for review and signature.
- Once application is reviewed and signed, the local Service Unit Recognitions Chairperson or designee forwards **two (2) copies** of the application form to their Membership and Marketing Manager for final verification, approval of information, and signature.

Award Purchase:

- The local Service Unit Recognitions Chairperson or designee presents a copy of the approved application form, complete with both signatures, to their local Girl Scout council shop for pin purchase.

Deadline: There is no deadline. This recognition can be awarded at any time throughout the membership year. It is encouraged that Service Units award the Helping Hand pin to multiple recipients yearly within the Service Unit. Thank you!

Candidate Name: _____ Service Unit: _____ Application Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Description of Contribution:

Audience of Contribution: _____

Date(s) of Contribution: _____

Approved By: _____ Date Approved: _____
(Service Unit Recognitions Chairperson or designee)

Approved By: _____ Date Approved: _____
(Membership and Marketing Manager)

Questions: Please contact the Volunteer Services Department at adultdev@gsofct.org or 203-239-2922 ext 3347.

Office Use Only: Council Shop Service Center: _____
 Council Shop Staff Signature: _____ Date Purchased: _____