

ROOKIE OF THE YEAR AWARD (Council Level)

This award recognizes an outstanding leader or assistant leader who, during his/her first or second year of leadership, has done an exceptional job and fulfilled the responsibility in an extraordinary manner.

Criteria:

1. The candidate is a registered Girl Scout leader or assistant leader.
2. The candidate must be in her first or second year of leadership.
3. The service goes beyond the expectations of the position.

Nomination:

An individual or group familiar with the service performed submits an application or narrative account that documents the service, activities, training and scope of impact to the council's recognition's task group.

Three individuals or groups familiar with the service performed must submit signatures of endorsement to the council's recognition's task group.

Approval:

The recognition's task group reviews the applications or narrative accounts and makes the determination. The recognition's task group notifies the nominating group or individuals.

Form of Recognition:

The Rookie of the Year award is a plaque inscribed with the appropriate information and is awarded at the Annual Meeting of the Council.

Note: Some qualities to remember include:

- Following the Girl Scout program
- **Service to the nominee's service unit**
- Family partnership support
- Willingness to participate in both council and service unit events

ROOKIE OF THE YEAR AWARD

**Girl Scouts of Middle Georgia, Inc.
6869 Columbus Road, Lizella GA 31052-1710
(DEADLINE: JANUARY 15, 2008)**

This award recognizes an outstanding Leader or Assistant Leader who, during her/his first or second year of leadership, has done an outstanding job and carried out the responsibility in an extraordinary manner. Candidate must be an active, registered adult member of GSUSA, either as a Leader or Assistant Leader. The final decision for this award rests with the Board of Directors or its designated committee (one award per year).

Nominee's Personal Information:

Nominee's Name: _____ Girl Scout ID#: _____

Address: _____

City/Zip: _____ Phone: _____

Current Girl Scout position: _____

Service Unit: _____ Association: _____

Nominator's Information:

Name of group or individual making this nomination: _____

Primary Contact Person: _____

Address: _____

City/Zip: _____ Daytime Phone: _____

Qualifying Service

Describe the actions and qualities which qualify the nominee for this award. Be specific in listing activities, training, impact on Troop/Group and on Girl Scouting in your area, and other responsibilities which make this Leader/Assistant Leader exceptional and deserving of recognition. Please print or type. Attach additional sheets if necessary.

Endorsements:

We have reviewed the information on this form and the criteria for this award and feel that the nominee meets the qualifications as outlined.

Please print all information:

Name: _____ Date: _____ Signature: _____

Name: _____ Date: _____ Signature: _____

Name: _____ Date: _____ Signature: _____