

NATIONAL LEADERSHIP DEVELOPMENT PIN - APPLICATION FORM

1. Complete Section I of the application.
2. To receive the Leadership Development Pin, complete Section II of the application.
3. To receive the attachment leaves, complete Section III of the application.
4. Return the application to the council headquarters for final approval. Keep a copy for your records.



SECTION I - APPLICANT INFORMATION:

Name: _____ Troop/Group #: _____ Service Unit: _____

Address: _____
Street City Zip Code

Telephone: (AM) _____ (PM) _____ Email: _____

SECTION II - CRITERIA:

- I. Applicant has completed Basic Leadership Training or Leadership Essentials.

Date: _____ Location: _____

- II. Two meetings beyond the troop/group have been attended.

Type of Meeting	Location	Dates

- III. First Aid / CPR and Troop Camp have been completed by the candidate or designated resource person.

First Aider: Name: _____

Course Location: _____ Date Issued: _____

Troop Camper: Name: _____

Course Location: _____ Date Issued: _____

- IV. _____

Service Unit Manager or Membership Specialist signature

TO BE COMPLETED BY COUNCIL

Applicant has completed not completed the requirements for the Leadership Development Pin.

Volunteer Development Department

Date

Send completed application to: Girl Scouts of Gulfcoast Florida, Inc.
4780 Cattlemen Road • Sarasota, FL 34233



SECTION III - ATTACHMENT LEAVES:

Name: _____ Email: _____

Address: _____

Learning Opportunities in subject area(s) that have increased skills in working with troops.

Accumulated hours from workshops, trainings, or course work toward leaves:

10 hours = 1 green leaf

50 hours = 1 silver leaf

250 hours = 1 gold leaf

*PLEASE LEAVE
THIS AREA
BLANK*

Course Title	Location of Course	Hours Credited	Date
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Describe how these additional learning opportunities will help you deliver Girl Scout program:

TO BE COMPLETED BY COUNCIL

Total number of hours toward leaves: _____ (10 hours = 1 green leaf 50 hours = 1 silver leaf 250 hours = 1 gold leaf)

Date ____/____/____ Volunteer Development Department _____

COUNCIL SHOP INFORMATION:

Leaves purchased _____ Date ____/____/____

Unused hours left on sheet _____ Shop Initial _____