

LEADERSHIP DEVELOPMENT PIN APPLICATION FORM

1. Everyone complete Section I of the application.
2. To receive the Leadership Development pin, complete Section II of the application.
3. To receive the attachment recognition(s), complete Section III of the application.

SECTION I

Date of Application _____ GSUSA ID# _____

APPLICANT INFORMATION:

Name _____ County/Area _____

Address _____ Troop/Group # _____

Email Address _____

(✓) check one: Troop Leader Troop Co-leader

Telephone (day) _____ (evening) _____

SECTION II

Applicant has completed "Getting Started," Leader Basics training and appropriate program age level training.

GSUSA On-Line Orientation Location _____ Date _____

Volunteer Essentials Location _____ Date _____

Troop Module Location _____ Date _____

Leadership Essentials Location _____ Date _____

Two meetings beyond the Troop have been attended (i.e. service unit meetings, area meetings, etc.).

Type of Meeting	Location	Dates

Note: First Aid/CPR must be current

Name of Troop First Aider: _____

First Aid/CPR training: Location _____ Date _____

Outdoor Skills Location _____ Date _____

Return application to:

Girl Scouts – North Carolina Coastal Pines
P.O. Box 91649, Raleigh, NC 27675-1649
Attention: Volunteer Services

There is no fee for this pin.

TO BE COMPLETED BY COUNCIL:

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

Council-approve signature

Date

- WHEN APPLYING FOR LEAVES, COMPLETE SECTIONS I AND III ONLY -

Name _____ Date of applications _____

Address _____ Troop # _____ County/Area _____

SECTION III

I received the Leadership Development Pin on (date) _____.

*Note: Leadership Development Pin must be earned **prior to accumulating hours for leaves.***

I now have Green; Silver; Gold Leaf/Leaves.

One Green Leaf will be awarded for additional training totaling at least 10 hours beyond those trainings required for the Leadership Development Pin.

One Silver Leaf will be awarded when 5 Green Leaves have been awarded.

One Gold Leaf will be awarded when 5 Silver Leaves have been awarded.

Description of Training	Location	Hours	Date
Description of Training	Location	Hours	Date
Description of Training	Location	Hours	Date
Description of Training	Location	Hours	Date
Description of Training	Location	Hours	Date

Indicate how the additional training directly improves the delivery of Girl Scout program to girls:

I am now requesting Green Silver Gold Leaf/Leaves.

There is no charge for the leaves. They are provided free of charge as a member service to our Leaders.

Return application to: Girl Scouts – North Carolina Coastal Pines
P.O. Box 91649, Raleigh, NC 27675-1649
Attention: Volunteer Services

TO BE COMPLETED BY COUNCIL:

Applicant has completed not completed the requirements for additional recognitions.

Number of leaves to be awarded _____

Council-approve signature Date