

Application for Leadership Development Pin



SECTION I

Application Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

I have been a volunteer for at least one year

Troop/Group # (if applicable) _____ Service Unit (if applicable) _____

SECTION II

Applicant has completed Orientation and a Leadership Essentials course.

Orientation Date _____ Location _____

Leadership Essentials Course Date _____ Location _____

Two meetings beyond the group have been attended (Service Unit, Council meeting, etc.)

Type of Meeting	Location	Date(s)

CPR/First Aid and a beginning level outdoor training course has been completed.

CPR/First Aid Training Location _____ Date _____

Outdoor Skills Training Location _____ Date _____

TO BE COMPLETED BY COUNCIL

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

_____ Date _____ Council Signature

For more information, and to download either the Leadership Development Pin application or Leaf Attachments application, log onto our website: www.girlscoutsiowa.org.