

Buckeye Trails Award

Buckeye Trails Region



Girl Scouts of Western Ohio
www.girlscoutsofwesternohio.org

This award:

- Requires three (3) letters of endorsement
- Must be submitted by February 1st.

*Application form should be submitted to the Buckeye Trails Region Office.

Section I. Nominee Information

Name: _____

Address: _____
Street # and Name City State Zip Code

Telephone: (day): () evening): ()

E-mail: _____

Service Unit: _____

of years in Girl Scouts (years): _____ as a girl _____ as an adult

Section II. Person(s) Submitting Award Nomination

Name: _____

Address: _____
Street # and Name City State Zip Code

Telephone: (day): () evening): () Service Unit: _____

E-mail: _____

Briefly state what outstanding service prompted this nomination. _____

Adult position(s) held _____

Previous awards & dates received _____

Other volunteer experience _____

Letters of Endorsement (3 required)

1) Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ E-mail: _____

2) Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ E-mail: _____

3) Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ E-mail: _____

Volunteer Awards Committee Recommendation

Recommended to receive the *Buckeye Trails Regional Award*

Other

Comments:

This nomination is approved: Yes No

Adult Development Manager's Signature: _____