

GIRL SCOUTS OF NORTHWEST FLORIDA

LEADERSHIP DEVELOPMENT PIN APPLICATION

The Leadership Development Pin is an earned recognition from Girl Scouts of the U.S.A. Registered adults who have completed one year of service as a leader, co-leader, or group coordinator are eligible to apply provided all requirements have been met. To apply:

1. Complete this form, fill in ALL blanks. Attach a copy of your training record.
2. Submit application to the Director of Information Services, Girl Scouts of Northwest Florida, 4755-A Old Spanish Trail, Pensacola, FL 32504-9099.
3. You will receive notification of approval/disapproval. If approved, you will receive a card to present at the Service Center shop indicating you are eligible to purchase the pin. (Cost is \$4.85 +tax.)

Candidate Information

Name _____ Cluster # _____ Troop/Group # _____ Age Level _____
 Address _____ City _____ Zip _____
 Telephone: (home) _____ (work) _____
 Address _____ City _____ Zip _____

_____ Date registered as adult member of GSUSA: _____
 _____ Date appointed as troop leader, co-leader or group coordinator: _____
 _____ Completed one year as a Leader or Co-leader or Group Coordinator: _____

Basic Troop Management Requirements

_____ Completed the following required courses for appropriate troop/group leadership within the first 6 months of appointment.

	Date	Location	Trainer
_____ Basic Leadership	_____	_____	_____
_____ Age Level	_____	_____	_____

Beyond The Troop Meeting Requirements

_____ Participated in at least two Girl Scout meetings or events beyond the troop (e.g., Cluster meetings, Association meetings, Annual meeting).

Meetings Attended	Location	Date
1. _____	_____	_____
2. _____	_____	_____

_____ Secured an adult resource person for the troop for the following (either self or other adult)

	Date	Trainer
_____ First Aid/CPR (7 1/2 hour course) Name of Adult Trained: _____	_____	_____
_____ Sleep Inn* (Required for overnight at indoor facility.)		
_____ Camp Out* (Prerequisite: Sleep Inn. Required before troop/group can camp.) Name of Adult Trained: _____	_____	_____

**Requirement may be waived if troop/group is not involved in overnight and/or outdoor activities.*

FOR COUNCIL USE ONLY

Approved by: _____ Date: _____
 Disapproved by: _____
 Reason(s): _____