

Leadership Development Pin - Application Form "Leaves"



Girl Scouts of the Appalachian Council, Inc.
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Applicant Information

Name _____

Troop/Group # _____ SU # _____

Phone # _____ Position _____

Address _____

City _____ State _____

State _____ County _____

Troop Leader/Co-Leader _____ Phone _____

Assistant Troop Leader _____

The applicant has completed training in subject area(s) that have increased her/his skill in working with girls in troops. **Attach copies of Training Records to this form.**

*Leaf Color: ___ Green ___ Silver ___ Gold Number: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

*Please refer to the the Training Section of the Leader Resource Notebook for Leaf requirements.

Each Green Leaf represents 10 hours of training beyond the original pin requirements.

Please provide descriptions:

Training	Site	Date	Hours

Indicate how the additional training will help you deliver the Girl Scout program to girls:

TO BE COMPLETED BY ADULT DEVELOPMENT DIRECTOR

Applicant ___ Has ___ Has Not completed the requirements for the Leadership Development Pin (Leaf).

_____ Date _____

Adult Development Director

A United Way Agency