LEADERSHIP DEVELOPMENT PIN APPLICATION FORM

1. Complete Section I of the Application.
2. To apply for Leadership Development Pin, complete ***Section II*** of the application.
3. To apply for additional recognition(s) leaves, complete ***Section III*** of the application.
4. **A copy of applicants training card must accompany application.**
5. Return the application to the council three weeks prior to receipt of the award.

> > Section I

Name of council:

Applicant Information:

Name:
Address:
City/State/Zip:
Business address:
Phone (Day): ( )
Phone (Eve): ( )

Service Unit #:
Troop/group #:
Troop leader:
Assistant troop leader:
Group coordinator:

> > Section II

[ ] Applicant has completed the basic leadership course or appropriate group coordinator training.

Welcome to Girl Scouting
Date: Location:

On the Level
Date: Location:

[ ] Two meetings beyond the troop have been attended.

Type of Meeting	Location	Date

[ ] First aid and Basic Outdoor Skills training have been completed. (See #4 under Leadership Pin Requirements)

First aid training
Name: Location: Date:

Basic Outdoor Skills training
Name: Location: Date:

RETURN APPLICATION TO: ***GIRLS SCOUTS EASTERN WASHINGTON & NORTHERN IDAHO***
1404 N. ASH STREET
SPOKANE, WA 99201

***TO BE COMPLETED BY COUNCIL*:**

Applicant: [ ] has completed [ ] has not completed the requirements for the leadership development pin.

Council approved signature: Date:

> > Section III

Please list applicants completed training in subject area(s) that have increased her skills in working with girls in troops.

DESCRIPTION OF TRAINING	LOCATION	HOURS OR CEU'S	DATE

Indicate how the additional training has helped with Girl Scout programs used with the girls:

_____
_____
_____
_____
_____
_____

RETURNAPPLICATION TO: ***GIRLS SCOUTS EASTERN WASHINGTON & NORTHERN IDAHO***
1404 N. ASH STREET
SPOKANE, WA 99201

TO BE COMPLETED BY THE COUNCIL:

Applicant: [ ] Has Completed [ ] Has Not Completed the requirements for the leadership development pin.

Number of leaves to be awarded: _____

Council approved signature: Date: