Annual Leader Reflection

1404 N. Ash St., Spokane, WA 99201
(509) 747-8091☼ (800) 827-9478
www.gsewni.org

girl scouts

Name of Volunteer: _____

Troop #: _____   Service Unit #: _____   Date: _____

Please rate yourself using a scale of 1, 2, 3, 4 or 5 for the following:

1) always	2) usually	3) sometimes	4) rarely	5) never

1. I serve as a positive role-model for girls and Girl Scout representative in the community.

   1   2   3   4   5

2. I accept all girls regardless of race, ethnicity, socio-economic status, religion, or ability.

   1   2   3   4   5

3. My troop is represented at service unit meetings.

   1   2   3   4   5

4. Our troop participates in activities outside of the troop, i.e.: service unit events, community service, council events.

   1   2   3   4   5

5. GSUSA membership registrations are submitted in a timely manner.

   1   2   3   4   5

6. I effectively use girl planning and evaluating for troop activities.

   1   2   3   4   5

7. I follow Volunteer Essentials.

   1   2   3   4   5

8. I understand and follow GSUSA and GSEWNI policies.

   1   2   3   4   5

9. Girls and parents are happy with the Girl Scout program offered.

   1   2   3   4   5

10. Rate your overall satisfaction with the Girl Scout program.

    1   2   3   4   5

FOR STAFF
USE ONLY
Membership
Coordinator
Evaluation

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

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Was the position description, as understood, accurate for the position?   ____Yes   ___No
Comments:

Did you receive the training necessary for this position? ___Yes   ___No
If No, Why Not? _____

Additional training needed (circle your selection):

    <u>Level:</u>   Daisy   Brownie   Junior   Cadette   Senior   Ambassador

    First Aid/CPR   Stepping Out   Camping Out   Adventuring Out

    Other (please specify): _____

If you will not be continuing in this position, make arrangements to promptly turn in all troop supplies, records and finances to your area Program & Membership Development Coordinator.

Volunteer comments: _____
_____
_____

Name (print):_____   Signature: _____   Date: _____

Forward completed and signed form to the council office to be maintained in volunteer files.

This section to be completed by area Program & Membership Development Coordinator

Comments:_____
_____
_____

_____ I recommend this person for reappointment for this position.
_____ I recommend this person for appointment to a different position, specify _____
_____ I do not recommend this person for reappointment in a volunteer position.

Name (print):_____   Signature: _____   Date: _____

FOR OFFICE USE ONLY	_____**End of Year Finance Report Received** **(date)**
_____ **Confirmation of appointment sent** **(date)**	_____ **Letter of non-appointment sent** **(date)**