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, ie: 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):

Level : 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 MVP 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)