

Leaves for Trained Volunteer Pin Application

Name: _____ Troop #: _____ Service Unit #: _____

Address: _____

Street City Zip

Telephone (day): _____ (evening): _____

E-mail: _____

Girl Scout Volunteer position: _____

Previous Awards	Indicate Number of Each	Date
Trained Volunteer Pin		
Green Leaves		
Silver Leaves		
Gold Leaves		

The applicant has completed training in subject area(s) that have increased her/his skills in working with girls. (Do not include courses needed for Trained Volunteer Pin). Minimum instruction time for each course is 10 hours.

Name of course: _____

How course is used with girls/adults: _____

Location: _____ Date: _____ # of hours instruction: _____

Name of course: _____

How course is used with girls/adults: _____

Location: _____ Date: _____ # of hours instruction: _____

Name of course: _____

How course is used with girls/adults: _____

Location: _____ Date: _____ # of hours instruction: _____

RETURN APPLICATION TO SERVICE TEAM

Upon verification, the appropriate service team member will sign, date and file a copy of this form with service unit records.

Service Team Member

Date

Send to: Girl Scouts of Middle Tennessee
Attn: Volunteer Resource Manager
4522 Granny White Pike
Nashville, Tennessee 37204