

Patriots' Trail Girl Scout Council
95 Berkeley Street, Boston MA 02116

Leadership Development Pin Application

Please return this form to your Service Unit representative or Girl Scout Coordinator

Applicant Information

Name: _____

Position(s): _____

Address:(*street*) _____ (*city*) _____ (*zip*) _____

Telephone (day/evening): _____

Service Unit, troop number: _____

Registered for at least 1 year as an 01, 02 or 04 _____

Completed basic job training for the age level (Orientation + Basic Leadership + Program Level - Daisy, Brownie, Junior, Cadette or Senior):

Date: _____ Location: _____

Participated in at least two meetings or events beyond the troop:

Type of Meeting	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

First Aid Training

Name: _____ Date: _____

Location: _____

Troop Camp Training

Name: _____ Date: _____

Location: _____

Signature of person submitting application:

_____ Date: _____

Approved

Not approved, or other suggestion

Date: _____

_____ Signature: _____

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Leadership Development Pin Application - For additional Recognition

Applicant Information

Name: _____

Position(s): _____

Address: *(street)* _____ *(city)* _____ *(zip)* _____

Telephone (day/evening): _____

Service Unit, troop number: _____

Date Leadership Pin was Awarded: _____

The applicant has completed training in subject area(s) that have increased her/his skill in working with girls in troops:

Description of Training	Location	Hours of CEUs	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate how additional training will help deliver Girl Scout Program to girls:

Number of workshop hours: _____ **Number of leaves to be awarded:** _____

Signature of person submitting application:

_____ Date: _____

Approved

Not approved, or other suggestion

Date: _____

_____ Signature: _____
