



# Award of Distinction - Service Unit Activity Consultant

Name: \_\_\_\_\_ Service Unit: \_\_\_\_\_

The candidate meets each of the following criteria:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Tent or troop camp qualified (Has taken Let's Camp! Let's Cook! Let's Tent!)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed activity consultant training class and self-study guide   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has taken at least one additional training opportunity offered by Girl Scouts or a community agency appropriate to the position (i.e. Encampment or AC training)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Met with service unit manager and agreed on the specific tasks of the position  |
| <input type="checkbox"/> | <input type="checkbox"/> | Participated as a service team member   |
| <input type="checkbox"/> | <input type="checkbox"/> | Attended service unit and service team meetings   |
| <input type="checkbox"/> | <input type="checkbox"/> | Encouraged leaders to attend outdoor training events  |
| <input type="checkbox"/> | <input type="checkbox"/> | Reviewed and approved/disapproved all troop activity forms  |
| <input type="checkbox"/> | <input type="checkbox"/> | Consulted with leaders and promoted year-round activities   |
| <input type="checkbox"/> | <input type="checkbox"/> | Promoted day and resident camping and outdoor opportunities   |
| <input type="checkbox"/> | <input type="checkbox"/> | Aware of available outdoor council training opportunities   |
| <input type="checkbox"/> | <input type="checkbox"/> | Participated in council activity consultants meetings   |
| <input type="checkbox"/> | <input type="checkbox"/> | Promote the Girl Scout Leadership Experience keys to leadership- Discover, Connect, and Take Action. Utilized and advised leaders of the three processes- Girl-led, Learning by Doing, and Cooperative Learning in planning activities with the girls |

\_\_\_\_\_  
Signature of Recognition Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Service Unit Manager

\_\_\_\_\_  
Pin (first year)

\_\_\_\_\_  
Year tab number\*

\*all criteria must be met each year the tab is awarded

