

Family of the Year



- ❖ The nominating individual or group completes the *Nomination Form*. Only forms which are **neatly printed or typed** will be accepted.
- ❖ **Four** people are needed to provide references in support of the nominee. They should be able to convey information and feelings clearly and concisely either in a letter or on tape. They should have enough time to return the letters to the nominator, and should use the *Letter of Endorsement* format provided.
- ❖ The entire packet (Nomination Form and Letters of Endorsement) must be submitted to the **Girl Scouts of Northern California – Konocti Area**
4825 Old Redwood Hwy., Santa Rosa, CA 95403 ~ by **March 15, 2008**.

CRITERIA FOR SELECTION FOR FAMILY OF THE YEAR

- ❖ The family has at least two active adult member registered with Girl Scouts of the U.S.A. either as a **volunteer** or **employed staff** member.
- ❖ Recognizes an outstanding family who has served in supporting a troop, camps, special events or fulfilled other significant roles.
- ❖ The service performed by the candidate is truly outstanding, benefits **the total council or the entire Girl Scout organization** and is so significantly above and beyond the call of duty that no other award would be appropriate.
- ❖ **A nomination and four** letters of endorsement by individuals or groups who are familiar with the service performed by the candidate, must be submitted, with the nomination application, to the adult recognitions task group chairman.

TIMELINE FOR ADULT AWARD NOMINATIONS

- ❖ Nominations must be received and stamped in the Sonoma County Service Center ***no later than March 15, 2008***.
- ❖ The committee will meet by the end of March to review and vote on the nominations.
- ❖ Nominations not approved are mailed to the nominator within two days following the meeting.
- ❖ The awards ceremony will be held in May.

Family of the Year Nomination Form



*Please type or print legibly.
Please do not use the nominee's name in the body of the letter.
Packets must be submitted no later than March 15, 2008.*

Nominee's Name: _____

Address: _____

City/State/Zip: _____

Date: _____

Phone: _____

Current Position in Girl Scouts: _____

Service Unit: _____

During the nominee's years of service in an adult capacity in this Council, she/he has served in the following positions:

	Dates (Year to Year)	Which Service Unit		Dates (Year to Year)	Which Service Unit
Troop Leadership	_____	_____	Board Member	_____	_____
Service Unit Director	_____	_____	Trainer	_____	_____
Service Unit Team Member	_____	_____	Camp Director/Staff	_____	_____
Product Sales	_____	_____	Staff Member	_____	_____
Program Team Member	_____	_____	Delegate	_____	_____

Please describe the service that qualifies these nominees for The Family of the Year: _____

Audience (age level of girls and/or adults) benefiting from the service: _____

Impact service had on the Council (how has service helped move the Council towards its operating objectives and goals): _____

Group Chair's Name: _____ Phone: _____

Address: _____ E-mail: _____

