



LEADERSHIP DEVELOPMENT PIN APPLICATION FOR GREEN LEAF

If a volunteer has earned the Leadership Development Pin, it is now possible, with additional training, to earn a green leaf, to be attached to the pin. Green Leaf represents ten (10) contact hours or one CEU of training. The contact hours may be completed at one workshop, course, or training event or represent hours of training accumulated at several events over a period of time. Five green leaves are replaced by one silver leaf. **Qualifying workshops offered by GSRI are listed on the back of this application form.**

Instructions: Please complete this application and check the qualifying workshops you have taken. Then, forward this form to your field director for verification.

Name: _____ Telephone Number: _____

Address: _____

Service Unit: _____ Troop #: _____

Troop/Group Leader Assistant Troop/Group Leader Group Coordinator

CHECK (✓) REQUIREMENTS COMPLETED:

Leadership Development Pin Completed Date: _____

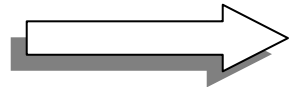
Ten-hour minimum for additional training for green leaf from GSRI Indicate on reverse side>>>

Hours of Non-Girl Scout Training _____ hrs* Date of non-Girl Scout training: _____
List Training(s): _____

* Documentation for completed training must be attached.

INSTRUCTIONS FOR FIELD DIRECTOR:

- (1) Verify through the Training Department that the leader has completed 10 hours. >>> See over for list of qualifying workshos/trainings.
- (2) Sign the bottom of the form and return that part to the leader as authorization to purchase the leaf at the Girl Scout Shop.
- (3) Give top portion of form to Membership Department Administrative Assistant for permanent recognition files.



(1) Noted: _____	Training Dept.	Date
(2) Noted: _____	Membership Dept.	Date

Field Director: _____ Date: _____

GSRI
Girl Scouts of Rhode Island, Inc.
125 Charles Street
Providence, RI 02904
Attn: Girl Scout Shop

**LEADERSHIP DEVELOPMENT PIN
APPLICATION FOR GREEN LEAF**

AUTHORIZATION TO PURCHASE AND WEAR GREEN LEAF(VES) (TO BE COMPLETED BY SUM OR FIELD DIRECTOR)

Name: _____ of Service Unit _____ has completed

the requirements for (#) _____ Green Leaf(ves) and is authorized to purchase and to wear.

Field Director: _____
SS:cp rev. 5/10/05

Date: _____

