

# APPLICATION FOR LEADERSHIP DEVELOPMENT PIN



The 4 requirements listed below must be checked off before authorization can be given to wear the pin. \*Another registered volunteer can be secured to take this training for the troop.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street) (town) (state) (zip)

Geographic/Service Unit \_\_\_\_\_ Troop No. \_\_\_\_\_ GIRL SCOUT IDENTIFICATION # \_\_\_\_\_  
Troop Leader \_\_\_\_\_ Asst. Troop Leader \_\_\_\_\_ Group Coordinator \_\_\_\_\_

## REQUIREMENTS CHECK-OFF (✓)

GSRI Basic Leadership Course completed: \_\_\_\_\_  
or equivalency AEC # \_\_\_\_\_ DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

First Aid Training completed by:  Applicant  Other registered person secured to take training  
\_\_\_\_\_ Date: \_\_\_\_\_  
Organization Giving Course

\*Name of person secured to take training: \_\_\_\_\_

GSRI Troop Camp Training Course completed by:  Applicant  Other registered person secured to take training

1) \_\_\_\_\_  
AEC # \_\_\_\_\_ DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

2) (Levels 1 & 2) or equivalency given by: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of person secured to take training: \_\_\_\_\_

Two Meetings OR Two Events attended beyond Troop Meetings this year.

*Type of Meeting or Event Attended: \_\_\_\_\_ Dates \_\_\_\_\_*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Service Unit Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

Field Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS:

Service Unit Manager: After all of the above requirements have been met, the service unit manager signs the form and forwards it to field director.

Field Director: After verifying the above information with the Training Dept., the field director signs both parts of the form, returns the part below the dotted line to the leader as authorization to purchase the pin at the Girl Scout Shop, and gives the top part to the Membership Dept. Administrative Assistant for permanent recognition files.

Memb. Dept. Admin. Asst. Date entered on permanent recognitions list \_\_\_\_\_.



Girl Scouts of Rhode Island, Inc., 125 Charles Street, Providence, RI 02904

## AUTHORIZATION TO PURCHASE AND WEAR LEADERSHIP DEVELOPMENT PIN (to be completed by Field Director)

\_\_\_\_\_ of \_\_\_\_\_ has completed the requirements for the Leadership Development Pin and is authorized to purchase and wear it.

Signature of Field Director: \_\_\_\_\_ Date: \_\_\_\_\_