



**Girl Scouts of Greater Chicago and Northwest Indiana, Inc.
ADULT VOLUNTEER SERVICE
RECORD**

NAME: _____

DATE: _____

A copy of this form should be kept on file in the service unit.

Service Unit _____ Troop _____ Month/Year updated: _____

Address: _____ Home Phone () _____

City: _____ Zip Code: _____ Work Phone () _____

Email address: _____

Occupation: _____

Years registered: Girl _____ Adult _____ Other Council _____

MEMBERSHIP NUMERALS RECEIVED (Please state year received, including girl & adult years):

5 year _____	25 year _____	45 year _____
10 year _____	30 year _____	50 year _____
15 year _____	35 year _____	55 year _____
20 year _____	40 year _____	__ year _____

YEARS OF SERVICE PINS RECEIVED (Active adult years only, please state year received):

5 year _____	25 year _____	45 year _____
10 year _____	30 year _____	50 year _____
15 year _____	35 year _____	55 year _____
20 year _____	40 year _____	__ year _____

COUNCIL AWARDS RECEIVED (Please state year received):

Appreciation Pin _____	Thanks Badge _____	Thanks Badge II _____
Honor Pin _____	Hall of Fame _____	Other _____

Service Unit

Volunteer of Excellence _____

Hidden Heroine _____

New Found Treasure _____

Other _____

VOLUNTEER SERVICE BEYOND GIRL SCOUTING:

DATE	ORGANIZATION	TYPE OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____



