

GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL

AREA _____

REFERRAL FOR GIRL SCOUT POSITIONS

Directions: Please provide the following information on any individual you wish to recommend for Officer, Board, Nominating Committee, Board Committee, or National Delegate positions. Return completed forms to the attention of the Nominating Committee at the council office.

Prospect's Name _____ Girl Scout ID #: _____

Address _____

City _____ State _____ Zip _____

Telephone **(including area code)** _____ Email _____

Date Available _____

Occupation _____ Telephone _____

Ethnic Origin _____ Position in Girl Scouting _____

Referred by _____

Address _____

City _____ State _____ Zip _____

Telephone **(including area code)** _____

Length of Time Prospect Known _____

Signature _____ Date _____

Referred for _____
(Officer, Board Member, Nominating Committee, Board Committee, National Delegate, Association Chair, Assistant Chair)

1. What special skills will the prospect bring to Girl Scout Council of the Nation's Capital in the position (s) identified above?

2. What special experience has this prospect had?

- | | |
|--|--|
| <input type="checkbox"/> Management/Policy | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Development of Youth & Children | <input type="checkbox"/> Land Use/Property Development |
| <input type="checkbox"/> Finance Management | <input type="checkbox"/> Government Work |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Teaching/Training |
| <input type="checkbox"/> Group Work Social Services | <input type="checkbox"/> Medical |
| <input type="checkbox"/> International Activities | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Languages Spoken |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other _____ |

