

LEAF/ADDITIONAL LEAVES APPLICATION

NOTE: All leaders completing this form should have received the Leadership Development Pin.

APPLICANT INFORMATION:

Name: _____ Service Unit #: _____
 Address: _____ City: _____ Zip: _____
 Telephone: Day _____ Evening: _____
 E-mail Address: _____
 Current Program Level: _____ Troop #: _____
 Current Position: _____

Training must be at least 10 hours in length. (Attach documentation from organization that provided the training.)

Title of Training: _____ Date: _____
 Location: _____ Total Hrs. or CEUs: _____
 Trainer Name(s): _____
 How will this additional training help you deliver Girl Scout program? Please be specific: _____

Training must be at least 10 hours in length. (Attach documentation from organization that provided the training.)

Title of Training: _____ Date: _____
 Location: _____ Total Hrs. or CEUs: _____
 Trainer Name(s): _____
 How will this additional training help you deliver Girl Scout program? Please be specific: _____

Applicant has completed the requirements for a leaf or additional leaves.

_____ Date _____
 Service Unit Manager

OFFICE USE ONLY					
ADULT DEV. DIR.:	DATE:	STORE MANAGER:	DATE:	PICKED UP BY:	DATE: