

LEADERSHIP DEVELOPMENT PIN APPLICATION

APPLICANT INFORMATION:

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

1. Basic Leadership Training has been completed:

	<u>Date</u>	<u>Trainer Names</u>
Orientation	_____	_____
Guiding Girls	_____	_____
Program Level	_____	_____
<i>Circle: D B J 11-17</i>		

2. Two meetings beyond the troop have been attended.

Type of Meeting	Location	Date

3. First Aid and Outdoor Training have been completed by leader/advisor OR adult resource person:

Name of First Aider: _____

Name of Outdoor Trained Adult: _____
(Completed Outdoor Module 4)

Applicant has completed one successful year as a leader/advisor or assistant, and has met the requirements for the Leadership Development pin.

 Service Unit Manager

 Date

OFFICE USE ONLY

VP. ADULT EDUCATION	DATE:	SHOP MANAGER:	DATE:	PICKED UP BY:	DATE: