



For Committee Use Only	
Reviewed By: _____	Date: _____
Approved: _____	Not approved: _____
Acknowledgment Letter Sent: _____	

SECTION 1: LEADERSHIP DEVELOPMENT PIN APPLICATION

Name: _____ Girl Scout ID# _____

Address: _____ Troop/Group# _____

_____ Position _____

Telephone # (day) _____

(eve) _____

Service Unit _____ Coordinator _____

Applicant has completed the following Girl Scout Leadership Courses:

Circle appropriate age level:

DAISY BROWNIE JUNIOR CADETTE SENIOR

<u>COURSE</u>	<u>COMPLETION DATE</u>	<u>NAME OF PERSON TRAINED</u> (If other than yourself)
Basic Leadership	_____	N/A
Age Level Training	_____	N/A
First Aid/CPR	_____	_____
Basic Outdoor Skills/Part 1	_____	_____
Basic Camp Skills/Part 2	_____	_____

Two Meetings (other than troop/group) you have attended on behalf of Girl Scouts.

<u>Date of Meeting</u>	<u>Type of Meeting</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____

TO BE COMPLETED BY THE SERVICE UNIT COORDINATOR OR DESIGNEE

I verify that the applicant has completed the requirements for the Leadership Development Pin.

Name: _____ Position: _____ Date: _____

Address: _____ Phone #: _____

Submit to: Girl Scouts of Broward County, Inc.
4701 NW 33 Ave, Oakland Park, FL 33309
Att: Adult Recognition Committee