Governor's Volunteer Excellence Award

Please refer to the award requirements for specific criteria.

Mail completed application to:

Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854 **by: Feb. 15**

Service Unit _____ Troop # _____ Date _____

Name_____

Address_____

City_____ State_____ Zip_____

Daytime Phone # (____)_____-_____ Evening Phone #(____)_____-_____Cell #(____)_____-_____

Email Address _____@_____

Current Position(s) in Girl Scouting_____

Number of hours of service from the last 12 months _____

List details of service hours:

Service	**Date(s)**	**# of hours**

(Continue on back if needed)

Level: _____

_____ _____

Council-Approved Signature **Date**