

PROGRESSIVE GIRL SCOUT VOLUNTEER AWARDS  
STAGE 2

GIRL SCOUT MENTORING AWARD (White Key)

*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 \_\_\_\_\_

\*\*Leadership Development Pin was received \_\_\_\_\_ from \_\_\_\_\_  
Date Council Name

Are you currently a registered Girl Scout volunteer? Yes No

Have you previously received the Volunteer Development Pin? Yes No  
If yes, list date: \_\_\_\_\_

Have you **successfully completed service** in at least one of the following assignments? Yes No

Indicate which area and in what capacity you served:

\_\_\_\_ Acted as a mentor/coach for new volunteer  
List the name, troop #, level and dates you served as his/her mentor: \_\_\_\_\_

\_\_\_\_ Provided ongoing support resulting in the retention of a new volunteer  
List the name, troop #, level of volunteer you helped to retain: \_\_\_\_\_

**To be completed by council:**

Has applicant met all requirements? Yes No

\_\_\_\_\_  
Council-Approved Signature

\_\_\_\_\_  
Date