



# Leadership Development Pin Application

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

- To receive the pin, complete Sections I and II.
- To receive the pin and leaves, complete Section I, II and III.
- If you have **already received the pin** and want to apply for the leaves, **complete Sections I and III, only.**

## SECTION I – APPLICANT INFORMATION:

Name \_\_\_\_\_ Primary Position – Leader (01) Assistant Leader (02)  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Service Unit \_\_\_\_\_ Troop # \_\_\_\_\_ Level – D B J C S A

## SECTION II – DOCUMENTATION FOR PIN:

\_\_\_\_\_ I have completed at least one year as a Leader/Assistant Leader.

I have completed all parts of the Troop Leadership course – orientation, Leadership Essentials or New Leader Basics and grade level.

Orientation – Date: \_\_\_\_\_ Location: \_\_\_\_\_

Leadership Essentials – Date : \_\_\_\_\_ Location : \_\_\_\_\_ **OR**

New Leader Basics – Date: \_\_\_\_\_ Location: \_\_\_\_\_ and

Grade Level – Date/level: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ I have participated in at least two meetings or events beyond the troop. Examples: Service Unit Leaders’ Meetings, Annual Council Meetings, Delegate Meetings.

<u>Type of Meeting</u>	<u>Location</u>	<u>Dates</u>

\_\_\_\_\_ I have secured an adult resource person for the troop who is **currently certified** in first aid and CPR:

Name of resource person (enter “self” if applicant) \_\_\_\_\_

Date of first aid training \_\_\_/\_\_\_/\_\_\_ Expiration date \_\_\_/\_\_\_/\_\_\_ Agency: \_\_\_\_\_

Date of CPR training \_\_\_/\_\_\_/\_\_\_ Expiration date \_\_\_/\_\_\_/\_\_\_ Agency: \_\_\_\_\_

\_\_\_\_\_ I have secured an adult resource person for the troop who is **troop camp certified by this council** (if troop does not participate in camping activities, this requirement is waived, mark N/A):

Name of resource person (enter “self” if applicant) \_\_\_\_\_

Date of certification \_\_\_\_\_ Certification Option \_\_\_ completed course \_\_\_ challenged course

**RETURN APPLICATION TO:** Service Unit Recognition Manager, \_\_\_\_\_

## FOR OFFICE USE ONLY:

Applicant has \_\_\_ completed \_\_\_ not completed the requirements for the LDP. DAD initials/Date \_\_\_\_\_

**SECTION III – DOCUMENTATION FOR LEAVES: Name:** \_\_\_\_\_

\_\_\_\_\_ I have received my *Leadership Development Pin*. Date received: \_\_\_\_\_

\_\_\_\_\_ I have completed training which has increased my skills in working with girls in troops. **This training was completed after requirements for the pin were met.**

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Name of Training	Location	Hours or CEU's	Date
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Description of Training

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Name of Training	Location	Hours or CEU's	Date
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Description of Training

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This additional training will help me deliver Girl Scout program to girls by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**RETURN APPLICATION TO:** Service Unit Recognition Manager \_\_\_\_\_

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**FOR OFFICE USE ONLY:** Applicant has \_\_\_ completed \_\_\_ not completed the requirements for leaves.

# of hours applied \_\_\_\_\_

# of hours approved \_\_\_\_\_

# of leaves \_\_\_\_\_

# of hours credit \_\_\_\_\_

Director of Adult Development \_\_\_\_\_ Date \_\_\_\_\_