

## Troop Volunteer Self-Evaluation and Intent Form

Return to your Service Unit Director or your Membership Development Specialist.

Corporate Office

Central/North Service Center

One Girl Scout Way

Macedonia, OH 44056

330-864-9933

East Service Center

980 Warren Avenue

Niles, OH 44446

330-989-7000

West Service Center

6111 S. Broadway Ave

Lorain, OH 44053

440-233-6112

South Service Center

1010 Applegrove St., NW

North Canton, OH 44720

330-433-9485

Cleveland Field Office

4019 Prospect Ave. #240

Cleveland, OH 44103

216-481-1313

**Name:** \_\_\_\_\_ **SU/County:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1.) Current volunteer position(s)? \_\_\_\_\_

2.) What did you enjoy the most about your volunteer experience? \_\_\_\_\_  
\_\_\_\_\_

3.) What 3 things did you learn from your volunteer experience? \_\_\_\_\_  
\_\_\_\_\_

4.) What did you find most challenging / what would you do differently? \_\_\_\_\_  
\_\_\_\_\_

5.) Does your troop's membership reflect the diversity of your community?  Yes  No

If no, please explain: \_\_\_\_\_

6.) Describe how you have encouraged participation from the adults in your troop: \_\_\_\_\_  
\_\_\_\_\_

7.) How did you recognize your troop's accomplishments? \_\_\_\_\_

8.) Did you attend training for your positions?  Yes  No: If no, please explain: \_\_\_\_\_

9.) How do you receive your program/training information? (*Check all that apply*):

Staff Membership  Service Team Member  Membership Delegate  Other - \_\_\_\_\_

Development Specialist  Volunteer  Email

Other Staff Member  Council Publication  GSNEO Website \_\_\_\_\_

10.) Please indicate how your volunteer experience could be improved (*check all that apply*):

More support from Parents  Quantity of program opportunities  More appreciation by the parents

More support from Service Unit  Quality of training opportunities  More appreciation by Service Unit

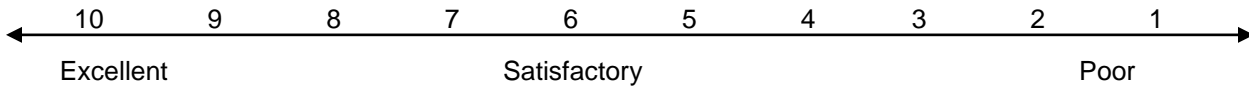
More support from Council staff  Quality of program opportunities  More appreciation by Council staff

Quantity of training opportunities  More appreciation by girls  Less time commitment

Financial assistance for my Girl Scout related personal expenses.

Other \_\_\_\_\_

11.) Locate on the scale below how you would rate your overall volunteer experience with GSNEO.



12.) Do you plan to continue as a GSNEO volunteer next year?  Yes  No

13.) In the same position assignment?  Yes  No: If no, please explain: \_\_\_\_\_

14.) Other pathways you may have an interest in:  Camp  Travel  Events  Special Interest  Virtual

Comments: \_\_\_\_\_

(Service Unit Director Use)

Review completed by (please check):

- Faceto-face conference
- Telephone conference
- Selfappraisal

Recommended for reappointment?  Yes  No

If no, please explain (use back if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write add'tl Comments (use back if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Reviewer Position: \_\_\_\_\_

Reviewer's Signature

\_\_\_\_\_

Date

(Membership Development Specialist - STAFF Use)

Review completed by (please check):

- Faceto-face conference
- Telephone conference
- Selfappraisal

Recommended for reappointment?  Yes  No

If no, please explain (use back if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write add'tl Comments (use back if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Reviewer Position: \_\_\_\_\_

Reviewer's Signature

\_\_\_\_\_

Date

GSNEO APPROVED?  Yes  No