



Girl Scouts of Southeastern New England
MEMBERSHIP COORDINATOR SELF-APPRAISAL

Please submit completed evaluation to your SUM/Membership Specialist by June 30th

Name: _____ Service Unit: _____ Date of Review: _____

Purpose:

The Service Team implements and evaluates ways to provide and maintain Girl Scouting within a designated community. The Service Team is appointed by and is accountable to the Service Unit Manager and the Membership Specialist.

Ratings

Please circle the appropriate category.
Explain ratings below 2.

- 1- Needs improvement
- 2- Meets expectations
- 3- Exceeds expectations

ACCOUNTABILITIES

RATINGS

1. Took appropriate training for the position and kept my knowledge current at all times	1	2	3
2. In consultation with Service Unit Manager and Membership Specialist, recruited and appointed troop organizers. Supervised their work assignments.	1	2	3
3. Developed, with Service Unit Manager and Membership Specialist, Service Unit membership objectives that met Council goals and objectives.	1	2	3
4. Analyzed membership statistics and reported concerns to the leaders, Service Team, and Membership Specialist.	1	2	3
5. Submitted membership progress reports on time.	1	2	3
6. Followed Council procedures and submitted registrations in a timely manner.	1	2	3
7. Coordinated fall registration events.	1	2	3
8. Coordinated spring re- registration for the Service Unit.	1	2	3
9. Organized troops throughout the year.	1	2	3
10. Provided information and registration opportunities for individual girl members.	1	2	3
11. Attended Service Team and Service Unit Leader meetings.	1	2	3
12. Adhered to and promoted National and Council policies, standards and procedures.	1	2	3

13. My strengths as a Service Team member are:

14. In order to excel at the responsibilities of this position, I need the following help:

Please rate your satisfaction in the position (1= least, 5= greatest): 1 2 3 4 5

Comments:

Service Team Member Signature: _____ Date: _____

Service Unit Manager or Membership Specialist please complete the following:

Please check (✓) one of the following:

____ Recommended for reappointment to current position.

____ Recommended for the following position: _____

____ Not recommended for reappointment.

____ Will not continue.

Comments:

Reappointment has been recommended by:

Service Unit Manager: _____ Date: _____

Membership Specialist: _____ Date: _____