

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. Cognizant of leader needs and worked with the Service Unit Manager, Program Specialists and Membership Specialists to meet these needs in a timely manner.	1	2	3
3. In consultation with Service Unit Manager and Membership Specialist, recruited and appointed program consultants for each program level and workshop as needed.	1	2	3
4. Conferred with an experienced leader about the needs of new leaders.	1	2	3
5. Explained program opportunities and program level resources including bridging activities, Council events, community-service projects and intercultural activities.	1	2	3
6. Maintained the Service Unit program box by keeping it up-to-date and available to troop leaders.	1	2	3
7. Encouraged use of National and Council program resource materials such as Leaders' Guides, handbooks and the GSSNE Leader Manual.	1	2	3
8. Initiated opportunities for older girls to plan and provide leadership for younger girls and promoted the older girl leadership training program.	1	2	3
9. Maintained a record of Juliettes and informed them of appropriate program and event information and invitations to local activities.	1	2	3
10. Attended Service Team and Service Unit Leader meetings.	1	2	3
11. Adhered to and promoted National and Council policies, standards and procedures.	1	2	3

12. My strengths as a Service Team member are:

---

---

13. 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: \_\_\_\_\_