



Girl Scouts of Southeastern New England
PUBLIC RELATIONS 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

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|
| 1. Took appropriate training for the position and kept my knowledge current at all times | 1 | 2 | 3 |
| 2. Built a relationship, kept in contact with and submitted news releases on a regular basis to all local newspapers. | 1 | 2 | 3 |
| 3. Assisted the Service Unit Manager in arranging service projects. | 1 | 2 | 3 |
| 4. Arranged for visibility on local radio and cable TV stations, if appropriate. | 1 | 2 | 3 |
| 5. Kept a record of news reports, invitations, printed programs and photographed events of the troops that are a part of your Service Unit. Forwarded news releases, etc. to Communications Specialist at the GSSNE office. | 1 | 2 | 3 |
| 6. Attended Service Team and Service Unit Leader meetings as necessary. | 1 | 2 | 3 |
| 7. Able to effectively relate to, and communicate, with both girls and adults of diverse backgrounds. | 1 | 2 | 3 |
| 8. Adhered to and promoted National and Council policies, standards and procedures. | 1 | 2 | 3 |

9. My strengths as a Service Team member are:

10. 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: _____