



Girl Scouts of Southeastern New England
SERVICE UNIT MANAGER SELF-APPRAISAL

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

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

Purpose:

The Service Unit Manager is the key volunteer representative for Girl Scout operations in a Service Unit. This person gives leadership to retain and extend membership and provide program support. The Service Unit Manager is appointed by 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. Worked with the Membership Specialist to provide leader support. Explain method: ----- -----	1	2	3
3. Communicated with Membership Specialist and Service Team regularly.	1	2	3
4. Directed the work of the Service Team and developed and implemented Service Unit objectives.	1	2	3
5. Recruited and released members of the Service Team as necessary.	1	2	3
6. Solved issues of the Service Unit with the help of the Service Team members and the Membership Specialist.	1	2	3
7. Facilitated Council fundraising on a local level.	1	2	3
8. Succeeded in promoting collaboration between troops and community to provide service. List Examples: ----- -----	1	2	3
9. With Service Unit, served and actively recruited girls and adults from all population segments of the community.	1	2	3
10. Represented the Council in explaining and maintaining Council and National Girl Scout policies, standards and procedures.	1	2	3
11. With the Membership Specialist, saw that each operational volunteer is provided with the opportunity for regular review and evaluation.	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 Unit Manager Signature: _____ Date: _____

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:

Membership Specialist: _____ Date: _____