



Girl Scouts of Rhode Island, Inc.

SERVICE UNIT PRODUCT SALES COORDINATOR (Be A Reader) 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. Located an appropriate meeting place to hold trainings for Be A Reader chairs and troop leaders.	1	2	3
3. Contacted Member Coordinator in Service Unit for troop updates. Contacted all troop leaders within Service Unit for sale participation verification and to inform them of the training date, locations and time if selling.	1	2	3
4. Trained all participating troop leaders and Be A Reader chairs. Provided additional trainings for leaders and chairs as needed.	1	2	3
5. Collected troop order envelopes and payments. Submitted these to Council by the predetermined deadline.	1	2	3
6. Received recognitions and incentives for troops and distributed them immediately.	1	2	3
7. Attended Service Team and Service Unit Leader meetings.	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: _____