



Troop Assessment Form

Please complete and submit this form by June 15. Your answers are not binding. We know that plans can change, but knowing your current plans will help in preparing for the new Girl Scout year. Thank You!

Troop Information	<p>SU # _____ Troop # _____ Membership Year _____</p> <p>Level: ___ Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador</p> <p>_____ # of girls registered with the troop _____ # of adults registered with the troop</p> <p>Meeting Time: _____ Day of the week _____</p> <p>Meeting Place: _____</p> <p>Current leadership would be comfortable leading more girls?</p> <p>_____ Yes If yes, how many more girls would you accept into your troop? _____</p> <p>_____ No If no, why? _____</p>
Leader Information	<p>Name _____</p> <p>Phone # (_____) _____ <input type="checkbox"/> home <input type="checkbox"/> cell</p> <p>(_____) _____ <input type="checkbox"/> home <input type="checkbox"/> cell</p> <p>Best time to reach me is _____</p> <p>Address _____ City/State/Zip _____</p> <p>E-mail _____</p> <p>Mandatory Learning Sessions Taken:</p> <p><input type="checkbox"/> GSUSA Girl Scouting 101 (on-line)</p> <p><input type="checkbox"/> Troop Leader Training</p> <p>For the upcoming Girl Scout membership year: please check (✓)</p> <p><input type="checkbox"/> I would like to be re-appointed as ___ troop leader ___ as co-troop leader with my current troop.</p> <p><input type="checkbox"/> I would like to be appointed as ___ troop leader ___ as co-troop leader with a different troop.</p> <p><input type="checkbox"/> I will not be able to continue as a troop leader/co-troop leader.</p> <p><input type="checkbox"/> I am not sure. Please have someone call me to discuss.</p> <p><input type="checkbox"/> I am interested in other positions in Girl Scouting. Please have someone call me to discuss.</p> <p>Name the position of interest _____</p>

I know someone who would make a good Girl Scout troop leader or troop co-leader:

Name _____ Phone # (_____) _____

Address _____ City/State/Zip _____

E-mail _____

Please return this completed form by June 15 to:

Membership Assistant, Waite Park Regional Center, 400 2nd Ave S, Waite Park, MN 56387

FAX: 320-253-9403; E-mail: membership@gslakesandpines.org