

## **Referral Form**

Thank you for making the following referral to the Nominating Committee. They will take this referral into consideration as they determine the best slate possible to address and support the needs of the council. Please keep in mind - all persons referred must meet the following criteria for further consideration:

- · Accept the principles, beliefs, and purpose of Girl Scouting
- · Have the ability to weigh facts and issues for decision-making
- Financially support the fund raising efforts of the council with a personal gift (for Board members)
- Be able to attend meetings

Please consider this referra	al for:		
Board member	Committee / Task Group Member	National Delegate	
Last Name	First	Middle Initial	
Home Address	City	Zip	
Employer's Name	Position Title		
Business Address	City	Zip	
Home Phone: ()	Business Phone: (		
Cell Phone: ()	E-Mail Address:		
Gender:			
Male	Female		
Age:			
Under 19	□ 19 - 34	35 - 50	
□ 51 – 64	☐ 65+		



Race	:					
	American Indian or Native Ala	skan		Asian		
	Black or African American		Hawaiian / Pacific Islander			
	Other		Two or More Races			
	Unknown		White			
Ethnicity:						
	Hispanic or Latino			NOT Hispanic or Latino		
Geography:						
	North (Greenville, Cherokee, Chester, Spartanburg)					
	South (Aiken, Edgefield, Lexington, McCormick, Saluda)					
	East (Kershaw, Lancaster, Richland, Sumter)					
	West (Abbeville, Anderson, Greenwood, Oconee, Pickens)					
	Central (Fairfield, Laurens, Newberry, Union)					
Area of Expertise/Personal Skill/Interest (please check all that apply):						
	Accounting/Finance		Entrepreneurship		Education/Youth Dev	
	Fundraising		Government		Human Resources	
	Law		Nonprofit Governan	ce $\square$	Pluralism	
	Property		Public Rel/Mktg/Bra	nd $\Box$	Strategic Planning	
	Technology		Young Women/Girl Leadership			
Referral Submitted by:						
Phono						