



Name _____
 Email _____
 Position _____
 Phone # _____
 Troop # _____ Date _____

Service Unit Team Self-Evaluation

Per Girl Scouts of Utah’s Youth Protection Policies, volunteers are required to participate in an evaluation annually. This is part of our insurance obligation and an opportunity to receive feedback on our volunteer support procedures. Service unit team members need to complete the self-evaluation part of this form and have a meeting with the Service Unit Manager (SUM) or Membership Support Specialist (MSS) by the end of June.

Please rate yourself regarding the following questions:	Always	Now & Then	Never	?
1. I know my goals for my position and regularly review them.				
2. I know the membership goal for my service unit.				
3. I know which stretch goals relate to my position and actively try to reach those goals.				
4. I am prepared for service unit meetings and regularly share updates according to my position.				
5. I feel my voice is heard at service unit meetings and know where to share my opinions if/when necessary.				
6. I feel comfortable working through conflict with my service unit team.				
7. I feel comfortable including the GSLE in all activities the service unit team leads.				
8. I am a good role model for girls.				
9. I am a good role model for other leaders.				
10. I understand the policies and procedures of Girl Scouts of Utah and know where to find them when I need to reference them.				
11. I feel that our service unit team strives for inclusiveness and equity in our activities, and we look for opportunities to grow in our team.				
12. I am positive and enthusiastic when sharing/promoting Girl Scouting in the community.				
13. I maintain confidentiality related to service unit team matters and practice that effectively.				
14. I am an effective team player and want to help Girl Scouts grow in my community.				

I am compliant with my Service Unit Team Position Training
 I completed Youth Protection Training (good for three years)

Date: _____
 Date: _____

Rate yourself regarding the following:	Great	Average	Poor	?
My relationship with the Service Unit Team is				
My relationship with the MSS or staff team for my position with council is				

I would grade myself as a service unit team member as A B C D F

I will be returning next year in my Service Unit Team position Yes No Not Sure Need to talk

On a scale of 1-10, with 10 being the most likely, how likely are you to recommend volunteering with Girl Scouts to others?

Supervisor Meeting

(To be completed by the SUM or MSS, depending on role during face-to-face meeting)

Date of discussion _____ **Individual leading the meeting** _____

What aspects of the position did the volunteer enjoy?

What would they do differently if they were to do this position again?

What additional support would have been helpful?

Is the volunteer willing to continue the responsibilities of the position? Yes No

Other positions or opportunities the volunteer is interested in pursuing.

Additional Volunteer Comments

Additional SUM/MSS Comments

Volunteer's Signature _____ **Date** _____

SUM or MSS Signature _____ **Date** _____

Recommend reappointment Not recommended for reappointment Other _____