



Girl Scouts of the Missouri Heartland, Inc.
Troop Assessment Form

Please complete this form, checking the appropriate boxes. Your answers are not binding.

Troop Information

Service Unit _____ Troop Number _____

Registered for 2015-2016 Yes No Registered Girls # _____ Registered Adults # _____

Troop Level(s) Daisy Brownie Junior Cadette Senior Ambassador

Town/School _____

Meeting Information

Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time _____ Location _____

Volunteer Information

Troop Leader _____ Phone Number _____

Email Address _____

For the upcoming membership year:

- I would like to be re-appointed as troop leader with current troop.
- I would like to be appointed as troop leader with a different troop.
- I will not be able to continue as a troop leader/co-troop leader.
- I am not sure. Please have someone call me to discuss.
- I am interested in other positions in Girl Scouting. Position: _____

Troop Co-Leader _____ Phone Number _____

Email Address _____

For the upcoming membership year:

- I would like to be re-appointed as co-troop leader with current troop.
- I would like to be appointed as co-troop leader with a different troop.
- I will not be able to continue as a troop leader/co-troop leader.
- I am not sure. Please have someone call me to discuss.
- I am interested in other positions in Girl Scouting. Position: _____

Potential for Growth

Are you still accepting new girls? Yes No

If no, why? _____

If yes, how many girls will you accept at each age level?

Level	Daisy	Brownie	Junior	Cadette	Senior	Ambassadors
How Many?						

How would you like me to contact you with new girls? Phone Call Email Other _____

Can I share your information with interested girls? Yes No

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