

GOLD AWARD TAKE ACTION PROJECT AGREEMENT
Girl Scouts of Central and Western Massachusetts

Gold Award Applicant

Name_____

Street _____

Town & Zip_____

E-mail_____

Phone_____

Best time to reach me_____

Gold Award Mentor

Name_____

Street _____

Town & Zip_____

E-mail_____

Phone_____

Best time to reach me_____

Name of Gold Award Take Action Project:

Description of Gold Award Take Action Project:

Starting Date:_____

Completion Date:_____

Project Advisor's Name: _____ Position: _____

Project Advisor's Qualifications : _____

Troop Advisor/Leader's Name: _____

Troop Advisor/Leader's e-mail: _____ Troop #: _____

Community Contacts:

Name:_____ Position/Title:_____

Name:_____ Position/Title:_____

Name:_____ Position/Title:_____

How are you going to encourage participation by others in your project? Please remember that your Gold Award Mentor *must* review all media releases and letters before they are sent to the general public.

How do you plan to conclude your project? For example, will you plan a special event, an official presentation, and/or a celebration?

What steps will you take to make sure the benefits of your Gold Award Project continue to be available to your community after you have finished the project?

Describe your emergency plan in the event that bad weather, holiday conflicts, rescinded permission agreements, personal setbacks, or other surprises keep you from achieving your objectives as stated in your Action Plan?

I understand that I am expected to achieve the objectives I have stated on the Gold Award Action Plan (attached to this Gold Award Action Project Agreement). If I have to make any changes for whatever reason, I will tell me Gold Award Mentor and obtain her approval before continuing.

I agree that I will check in with my Gold Award Mentor at least once a month. I understand that if I let 60 days go by without communicating with my Gold Award Mentor, it will be assumed that I have withdrawn from the Gold Award process.

Signature of Girl Scout _____ Date _____
Signature of Gold Award Mentor _____ Date _____

REMEMBER: Both the Gold Award Action Project Agreement and the Gold Award Action Plan MUST be submitted to your Mentor to obtain your project approval letter. You CANNOT begin working on your project until you receive your approval letter.