



**Girl Scouts of Mitten Bay  
Service Team Member Performance Appraisal**

Name \_\_\_\_\_ Date \_\_\_\_\_

Service Unit # \_\_\_\_\_ Service Team Position \_\_\_\_\_

How often did the service team meet? \_\_\_\_\_

How many meetings did you attend? \_\_\_\_\_

Did the team meet the membership goal? \_\_\_\_\_

Were duties as described in the position description performed? \_\_\_\_\_

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Comments on the position (things done or not done, future expectations, etc.)

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List Service Team Training attended/date: \_\_\_\_\_

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Service Team Orientation \_\_\_\_\_ Date \_\_\_\_\_

Service Team Training you would like to see offered. \_\_\_\_\_

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Additional comments: \_\_\_\_\_

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Action:  
Reappoint\* \_\_\_\_\_ Reassign \_\_\_\_\_ Not reappoint \_\_\_\_\_

\*If reappointment is contingent on action or behavior modification, provide explanation below

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Signatures: \_\_\_\_\_ Date \_\_\_\_\_

Service Team Member

\_\_\_\_\_ Date \_\_\_\_\_

Service Unit Manager