



# PA and CIT Request Form

Please return completed form at least 2-3 weeks before the PA or CIT is needed.

Requesting (choose one):

Program Aide (PA)    Counselor-in-Training (CIT)

## Program/Event Details for PA or CIT Assistance

Name of Event: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_ Time: \_\_\_\_\_

Name of Venue/Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Event Description: \_\_\_\_\_

# of PAs or CITs Needed: \_\_\_\_\_ # of Attendees Anticipated: \_\_\_\_\_

Age Level(s) of Girls Attending:    Daisy (K-1)    Brownie (2-3)    Junior (4-5)  
 Cadette (6-8)    Senior (9-10)    Ambassador (11-12)

Additional Information: \_\_\_\_\_

## PA or CIT Responsibilities

Plan: \_\_\_\_\_

Lead: \_\_\_\_\_

Assist: \_\_\_\_\_

What to Bring/Wear: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Registration Deadline for PA or CIT (if applicable, mm/dd/yy): \_\_\_\_\_

## Program Contact – Day of Event or Questions About Event

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mail, Email or Fax Applications To:**  
Girl Scouts Spirit of Nebraska  
2121 S. 44th St.  
Omaha, NE 68105  
Fax: 402.558.8060  
MemberSupport@girlscoutsnebraska.org

# PA Evaluation Feedback

Evaluator Name: \_\_\_\_\_

PA Name: \_\_\_\_\_

PA Experience Date (mm/dd/yy): \_\_\_\_\_ Location: \_\_\_\_\_

*Please rate your experience with the Program Aide(s) you worked with on the scale below.*

	<b>Not At All</b>	<b>Not Very</b>	<b>Neutral</b>	<b>Mostly</b>	<b>Very</b>
1. How prepared was your PA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How positive was your PA's attitude?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How well did your PA get along with others (girls and adults)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How confident did your PA seem when leading groups of younger girls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How well did your PA encourage the girl-led process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could you tell she was prepared?

What could she do to improve her preparedness?

Share some examples of how your PA encouraged the girl-led process