

Cadette Program Aide Time Log

Program Aide (name): _____

LiA (Leader in Action) Award earned on (date): _____

*Leave blank if not working on your LiA Award

Program Aide Basic Training completed on (date): _____

Date	Activity	Adult Volunteer Mentor Signature	Hours
		Total Hours	

Please return this form to: customer care@girlscoutsni.org

Cadette Program Aide Time Log

Program Aide Name: _____

Please reflect on your experience helping younger Girl Scouts. What went well for your event? What was a challenge for you? What did you learn from this experience?

Date	Activity	Reflection