

Return to Service Center by:
March 31, 2008

2008

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Ore-Ida Council

Boy Scouts of America

Silver



Beaver

Nomination Form

- ❖ COMPLETE THIS FORM WITH AS MUCH DETAIL AS POSSIBLE.
- ❖ ADDITIONAL WRITTEN SUPPORTIVE MATERIALS OR LETTERS ARE ACCEPTED.
- ❖ APPLICATION SHOULD NOT BE SHARED OR DISCUSSED WITH OR SUBMITTED BY NOMINEE.

Registered in District # _____ Full Name (please print) _____

Address _____ City/State _____ Zip Code _____

Phone No. Occupation _____ Age _____

Current Registered Scouting Position(s) 1. _____

2. _____ 3. _____

Unit Number (if applicable):

SERVICE THROUGH SCOUTING

Adult Scouting Leadership Positions Held:

| <u>Position</u> | <u>Dates</u> | <u>Position</u> | <u>Dates</u> |
|-----------------|--------------|-----------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total Number of Years Registered as an Adult Leader _____

Scouting Leader Training Courses completed

| <u>Course</u> | <u>Year</u> | <u>Course</u> | <u>Year</u> |
|---------------|-------------|---------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Chairman, Silver Beaver Award Committee

Scout Executive

ADULT SCOUT RECOGNITION AND HONORS RECEIVED:

| <u>Recognition</u> | <u>Date</u> | <u>Recognition</u> | <u>Date</u> |
|--------------------|-------------|--------------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SERVICE RENDERED OUTSIDE THE SCOUTING PROGRAM

ADULT SERVICE RENDERED TO CHURCH, COMMUNITY, EDUCATIONAL BUSINESS, PROFESSIONAL, CIVIC, FRATERNAL, MILITARY, OR SERVICE OTHER THAN SCOUTING:

| <u>Organization</u> | <u>Position Held</u> | <u>Length of Service</u> |
|---------------------|----------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RECOGNITION AND HONORS OR AWARDS RECEIVED

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

LIST STATEMENTS OF NOTEWORTHY SERVICE OF EXCEPTIONAL CHARACTER TO YOUTH IN THIS COUNCIL AREA WHICH PROMPTS THIS RECOMMENDATION FOR THIS HIGH AWARD.

Submitted by: _____ Phone _____

Address: _____ City/State/Zip _____