



## Adult Candidate Nomination

Please **PRINT CLEARLY** – Give full name; include City and Zip Code in address. **Incomplete nomination forms will not be considered for approval.** A unit that has elected at least one youth may select one registered adult for every three youth elected, rounded up. A unit may also select the Scoutmaster as long as he or she has served for the **previous 12 months.** **All adult candidates must meet the requirements listed (same as youth).** There should not be any self nomination or filling out this form by the nominee. Also remember that nomination does not guarantee membership into the Order of the Arrow.

Troop / Team \_\_\_\_\_ District / Chapter \_\_\_\_\_  
 Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

### **Certification of Eligibility & Record of Scouting Background**

• Selection of an adult is based on his/her ability to be a positive role model. **Nomination should not be made for recognition of service or achievement.** This adult will be an asset to the Order of the Arrow, due to the following demonstrated skills and abilities, which fulfill the purpose of the Order: Please be complete and cite specific reasons for nomination

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• **Within the past two years**, this candidate has camped a minimum of 15 days and nights, including 6 consecutive days and 5 nights of long term camping and the remainder weekend, overnight, and other short-term camping, under the auspices and standards of the Boy Scouts of America. This requirement was met as follows:

Summer camp: \_\_\_\_\_ Year: \_\_\_\_\_  
 Weekend campout location and dates: 1: \_\_\_\_\_ 2: \_\_\_\_\_  
 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_  
 Years as Adult: \_\_\_\_\_ Current Position in troop: \_\_\_\_\_  
 Scout as youth: \_\_\_\_\_ Rank achieved as youth: \_\_\_\_\_  
 Vocation / Trade: \_\_\_\_\_  
 Scouting Experience: \_\_\_\_\_

Training completed within the BSA: \_\_\_\_\_

Community/Religious/Other Service: \_\_\_\_\_

### **Recommendation from Unit or District/Council**

**Committee Chairman\*** ~ Unit Leader ~ Council President ~ District Chairman ~ Lodge Adviser ~ Council

Professional Staff (Circle Two) **\*required**

Name _____	Name _____
Title _____	Title _____
Phone _____	Phone _____
Email: _____	Email: _____
Signature: _____	Signature: _____

### **Lodge Adult Selection Committee Approval:**

Lodge Adviser \_\_\_\_\_  
 Staff Adviser \_\_\_\_\_  
 Scout Executive \_\_\_\_\_