



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: _____

Nomination for Unit Scouters: The adult leader, who fulfills the above requirements, is nominated for membership consideration in the Order of the Arrow. Date: ____/____/____
 Unit Leader: Name _____ Signature _____
 Committee Chairman: Name _____ Signature _____

Nomination for District/Council Scouters: The adult leader, who fulfills the above requirements, is nominated for membership consideration in the Order of the Arrow. Date: ____/____/____
 Nominator: Name/Position _____ Signature _____

Lodge Adult Selection Committee Approval:

Lodge Adviser _____ Scout Executive _____
 Staff Adviser _____ Outdoor Program Chair _____