Order of the Arrow Boy Scouts of America

Adult Nomination Form

(AGE 21 AND OVER)

Election into the Order of an adult Scouter should take place only when the adults job in Boy Scouting, Varsity Scouting will make Order of the Arrow membership more meaningful in the lives of the youth membership.

Circle One: Troop Team email: _____

Unit Number: _____ District: _____ Nominee's Position: _____

Nominee's Name: _____ Nickname: _____
Last, First, Middle (Print Full Name)

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Phone: (H) ( ) _____ (B) ( ) _____
Month-Day-Year

ONE ADULT per unit may be recommended each year. The following conditions MUST be fulfilled.

1. Selection of the adult is based upon ability to perform the requisite functions (and NOT as an honor or recognition of service) including current or prior achievement and position. The individual's abilities include:

_____

_____

2. This adult will be an asset to the Order due to demonstrated skills and abilities, which fulfill the purpose of the Order, because:

_____

_____

3. The camping requirements that apply for youth candidates apply to adult candidates and must have been fulfilled within the most recent two years prior to recommendation for membership. The requirement, which is a minimum of fifteen days and nights of camping under the auspices and standards of the Boy Scouts of America, including six consecutive days and nights of long-term camping, was fulfilled as follows:

_____

_____

4. This adult leader's membership will provide a positive role model for the growth and development of the youth members of the Lodge because:

_____

_____

Unit Recommendation

The adult leader who fulfills the above requirements (complete above information) is duly recommended for membership in the Order of the Arrow.

Date: _____ Unit Leader: _____ Committee Chairman: _____
Signature Signature

-OR-

District/Council Recommendation

The adult leader who fulfills the above requirements (complete above information) is duly recommended for membership in the Order of the Arrow.

Date: _____ By: _____ Position: _____
Signature

Adult Selection Committee Action

Comments: _____

_____

_____

_____

Approved ____ Date: _____ By: _____ Position: _____
SIGNATURE