

UNIT ADULT CANDIDATE RECOMMENDATION
 (Age 21 and over)

Selection and induction into the Order of an adult Scouter should take place only when the adult's job in Boy Scouting will make Order of the Arrow membership more meaningful in the lives of the youth membership. It must not be for the purpose of adult recognition.

Circle One: TROOP TEAM

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

Nominee's Name: _____ Nickname: _____
Last, First, Middle (PRINT FULL NAME)

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

Birth Date: _____ Phone: (B) () _____ (H) () _____
MONTH-DAY-YEAR

Woodbadge _____ Scouter Key _____ How long registered as Adult _____ Positions Held _____

Scout as a Youth _____ Rank _____ Community Activities _____

Church Activities _____ Vocation _____

Special Interest _____

ONE ADULT per unit may be recommended each year. If a unit has 50 or more registered scouts, the unit may submit two recommendations. The following conditions are the basis for candidates selection and MUST be fulfilled to be considered. Make a brief statement regarding individual for each item.

1. Selection of the adult is based upon ability to perform the necessary functions and not for 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, in the following manner:

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. The 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 recommended for membership consideration in the Order of the Arrow.

Date: _____ Unit Leader: _____ Committee Chairman: _____

Signature (unless Unit Leader is the candidate being recommended)

Signature

DISTRICT/COUNCIL RECOMMENDATION

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

Date: _____ By: _____ Position: _____

ADULT SELECTION COMMITTEE

SELECTED: [] NOT SELECTED: []

Comments:

Authorizing Signatures & Date

Selection Chairman: _____

Lodge Adviser: _____

Lodge Staff Adviser: _____

Scout Executive: _____