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## **Adult Candidate Recommendation** — **Order of the Arrow**

Name			Phone /
			Chapter (District)
			Unit #
Email Address			
Birth date		Unit Position _	
BSA Membership #	# (shown on current regis	stration card)	
adult's job in Boy S membership. Adult	Scouting will make Lodg	e membership more ded as recognition f	n adult Scouter should take place only when the meaningful in the lives of the youth for service, achievement or tenure with the unit.
rounded up where t unit committee may served as unit leade	the number of youth candy nominate the currently	lidates is not a multi serving unit leader ( s 12 months. To reco	of the number of youth candidates elected, ple of three. In addition to the one-third limit, the (but not assistant leaders), as long as he or she has commend an adult, a Unit must hold a proper
fifteen days and nig and nights must ince nights of resident co	rement, which applies to ghts of Boy Scout campin clude one, but no more th	ng during the two-yean one, long term cander the auspices and	pplies to adults. The adult must have experienced ear period before the election. The fifteen days amp consisting of six consecutive days and five d standards of the Boy Scouts of America. The ort-term camping.
Resident Camp: Scout Camp		Date	Number of days/nights
Short-term Camp: Date	Number of days/nights	Date	Number of days/nights

## Commitment to youth, Scouting and the Lodge: How will this adult help guide youth Lodge members in fulfilling the principles set forth in the Scout Oath or Promise and the Scout Law? How will this adult assist the Lodge in promoting a youth outdoor program? How will this adult provide a positive role model for youth? The Recommendation will be denied without consideration if the Recommendation form does not carry the appropriate two signatures. If the Unit leader or the Committee Chair is recommended, their signatures may be omitted. Unit Leader: \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_ (Signature) (Printed name) \_\_\_\_\_ Date \_\_\_\_\_ Committee Chair: \_\_\_\_\_ (Signature) (Printed name) Contact Person to inform of Selection Committee's decision: Name: Address: City, ZIP: \_\_\_\_\_ Phone: E-Mail: If the Unit plans to attend an out-of-council (OOC) summer camp and wants the adult candidate called out at that camp, list the information below (Print/write legibly) OOC Name OOC Address OOC City, State, ZIP \_\_\_ OOC Camp Name \_\_\_\_\_ Date of attendance \_\_\_ **Submit Recommendation by May 15 to:** Order of the Arrow Adult Selection Committee: \*\*\*\*For Lodge Use Only\*\*\*\* W. D. Boyce Council Selected: \_\_\_\_\_ 614 NE Madison Ave. Not Selected: Peoria, IL 61603-3386 ATTN: Adult Selection Committee Notification Date: \_\_\_\_\_