



Order of the Arrow

Ut-In Sélica Lodge #58

Unit Adult Candidate Nomination 2002

“Because the Order of the Arrow is principally a youth organization, Scouters are not elected to membership as a recognition. Election into the Order 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.”

With this in mind, we recommend the following individual for membership in the Order of the Arrow.

Last name: _____ First name: _____ MI: _____

Address: _____ Home Phone(____) _____

City: _____ State: _____ Zip: _____ e-mail address: _____

ANTICIPATED CALL OUT DATE: ____/____/____ Date of Birth ____/____/____

District: Aklan Chief Solano Napa Valley Meridian Muir Lake
Herms Iron Horse Black Diamond Marsh Creek Silver Gate

Currently registered with (unit number) _____ as (position) _____ since: ____/____/____

Prior Adult Scouting position: _____ from ____/____/____ to ____/____/____

Only one adult per year may be nominated by a unit, and only after holding an election where a youth was elected.

Date of youth election ____/____/____ Name of youth elected: _____

Any adult nominated must meet the same camping requirements as a youth member. One long term camp of 6 nights and a total of 15 nights (the remainder being short term camping ie: 1, 2, or 3 night outings) under the auspices of the BSA program. Please list the camping used to meet this requirement below.

	Name of camp or location	Date:	# of Days	# of Scouts
Long term camp:	_____	____/____/____	_____	_____
Short term camp:	_____	____/____/____	_____	_____
Short term camp:	_____	____/____/____	_____	_____
Short term camp:	_____	____/____/____	_____	_____
Short term camp:	_____	____/____/____	_____	_____
Short term camp:	_____	____/____/____	_____	_____

Please provide a short comment on why this adult will be an asset to Scouting and the Order of the Arrow and how they will use their membership to further the BSA program through the Order of the Arrow.

Submitted by: _____ / _____ Phone: (____) _____
(Please print name) (Signature)

Approved by: _____ / _____ Phone: (____) _____
(Name of committee Chairman) (Signature)

Approved by: _____ / _____ Phone: (____) _____
(Print name of Apanuc Advisor) (Signature)

Approved by: _____ / _____ Date: _____
(Supreme Chief of the Fire) (Lodge Advisor)

NOTE: The individual submitting this recommendation will be notified when the recommendation has been approved so that the candidate may be notified of his selection and eligibility to attend an ordeal ceremony.