

UNIT ADULT CANDIDATE RECOMMENDATION

Age: 21 or over

Selection 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. This candidate should be contacted by the Chapter and review his or her commitment prior to recommendation to the Lodge.

District: Frontier North Star Pacifica Rio Hondo San Antonio Thunderbird
Chapter: Wappo Pawnee Lakota Wiyot Serrano Hopi

TROOP o TEAM o Unit Number: _____ Nominee's Position: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Phone: B(____) _____ H(____) _____
Month-Day-Year

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

1. Selection of an 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 that will be used 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 areas:

3. The camping requirements that apply for youth candidates also 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 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.

Unit Recommendation	
Unit Leader:	_____
Print name:	_____
Committee Chairman:	_____
Print name:	_____
Date:	_____

District/Council Recommendation	
By:	_____
Print name:	_____
Position:	_____
Date:	_____

Chapter Authorization	
Chapter Chief	_____
Chapter Adviser	_____
Chapter Staff Adviser	_____

Lodge Authorization	
Lodge Chief	_____
Lodge Adviser	_____
Lodge Staff Adviser	_____

SELECTED o NOT SELECTED o

Comments: _____