



NOMINATION FORM
DUE NOVEMBER 3, 2017
Late nominations will not be accepted

PLEASE ATTACH PHOTO OF NOMINEE HERE

THE AWARDS PURPOSE:

To recognize Silver Beaver recipients who continue their service to Scouting and youth.

ELIGIBILITY REQUIREMENTS:

1. Be currently registered in Scouting.
2. Have received the Silver Beaver Award in any Council 10 or more years ago.
3. Have continued to give active, noteworthy service to the scouting programs and activities of the Ore-Ida Council for a period of at least 10 years.

**APPLICATION SHOULD NOT BE SHARED OR DISCUSSED WITH OR
SUBMITTED BY THE NOMINEE**

Full Name (Please Print) Address

City/State Zip Phone Unit # (if applicable)

Year the nominee received their Silver Beaver Award _____

Current registered Scouting position(s) 1. _____

2. _____ 3. _____

SERVICE (POSITIONS HELD) IN SCOUTING SINCE RECEIVING THE SILVER BEAVER:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

ADULT SCOUT RECOGNITION AND HONORS RECEIVED:

<u>Recognition</u>	<u>Date</u>	<u>Recognition</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SERVICE TO YOUTH OUTSIDE OF SCOUTING:

<u>Organization</u>	<u>Position Held</u>	<u>Length of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

