



**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 or Varsity 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: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: [B] ( ) \_\_\_\_\_ [H] ( ) \_\_\_\_\_  
MONTH-DAY-YEAR

Woodbadge \_\_\_\_\_ Scouter Key \_\_\_\_\_ How long registered as Adult \_\_\_\_\_ Scouting Positions Held \_\_\_\_\_

Scout as a Youth \_\_\_\_\_ Rank \_\_\_\_\_ Community Activities \_\_\_\_\_

Church Activities \_\_\_\_\_ Vocation \_\_\_\_\_

Special Interest \_\_\_\_\_

Each year, upon holding a troop or team election for youth candidates which results in at least one youth candidate being elected, the unit committee may recommend one adult to the lodge adult selection committee. Troops or teams having more than 50 registered active youth members may nominate an additional adult for every 50 registered active youth, or fraction thereof. The following conditions are the basis for candidate selection and MUST be fulfilled to be considered. Make a brief statement regarding the individual for each item.

1. Selection of the adult is based upon ability to perform the necessary functions to help the Order fulfill its purpose, 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 because of demonstrated abilities that 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, which must include six days and five nights of resident camping approved and under the auspices and standards of the Boy Scouts of America, 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 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

--or--

**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: \_\_\_\_\_  
Signature

**LODGE ADULT SELECTION COMMITTEE**

SELECTED: [ ] NOT SELECTED: [ ]

Comments:

**Authorizing Signatures & Date**

Council Camping Chairman\* : \_\_\_\_\_

Lodge adviser: \_\_\_\_\_

Lodge staff adviser: \_\_\_\_\_

Scout executive: \_\_\_\_\_

- Signature of the Council Camping Chairman or chairman of the council committee on which the lodge adviser serves.





# UNIT ELECTION REPORT

Council Name \_\_\_\_\_ Lodge Name \_\_\_\_\_

Troop or Team \_\_\_\_\_ Date of Election \_\_\_\_\_

Number of registered active youth \_\_\_\_\_ Number of youth present \_\_\_\_\_

**NOTE:** At least half of the registered active unit members must be present to hold an election.

(Fill in names and ranks of eligible youth before election.)

Name	Rank	Check If Elected	Name	Rank	Check If Elected

I certify that the above youth members are eligible and approve them as nominees for election.

\_\_\_\_\_ Unit Leader's Signature

Number of members eligible \_\_\_\_\_

Number of ballots turned \_\_\_\_\_ Number of votes required to be elected \_\_\_\_\_

Number elected \_\_\_\_\_

Mail election report to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Election team members' signatures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and addresses of those elected on back of this form.

