



# Order of the Arrow

## Ut-In Sélica Lodge

### Unit Adult Candidate Nomination 2010

“Because the Order of the Arrow is a youth organization, Scouters **are not** elected to membership as 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.

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Boy Scout Registration ID number** \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male:  Female:  Apanuc Name \_\_\_\_\_

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) 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
Long term camp:	_____	____/____/____	_____
Short term camp:	_____	____/____/____	_____
Short term camp:	_____	____/____/____	_____
Short term camp:	_____	____/____/____	_____
Short term camp:	_____	____/____/____	_____

Provide a short statement 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. **(Required)**

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

Submitted by: \_\_\_\_\_/\_\_\_\_\_  
(Please print name) (Signature) Phone: (\_\_\_\_) \_\_\_\_\_

Approved by: \_\_\_\_\_/\_\_\_\_\_  
(Name of committee Chairman) (Signature) Phone: (\_\_\_\_) \_\_\_\_\_

Approved by: \_\_\_\_\_/\_\_\_\_\_  
(Print name of Apanuc Advisor) (Signature) Phone: (\_\_\_\_) \_\_\_\_\_

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

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.