

2019 NOMINATION FORM

SNAKE RIVER COUNCIL

**NOMINATIONS
DUE
JANUARY 31, 2019**

SILVER BEAVER AWARD

NOTE: Submit ONLY this form – No additional letters or forms will be considered.

THE AWARD'S PURPOSE

To recognize adult Scouters and community citizens for devoted service to Scouting and youth.

PRESENTATION

At the Council Recognition Dinner, Saturday, April 27, 2019.

ELIGIBILITY REQUIREMENTS

To be considered for the Silver Beaver Award, the nominee **MUST** have:

1. At least 10 or more years registered of adult service.
2. Have rendered distinguished service as a Scouting volunteer.

The application should not be shared with, discussed with, or submitted by nominee. Please be as complete and discrete as possible. The amount of information provided is critical to the selection process.

Full Name (Please Print)

Occupation

Age

Phone

Address

City

State

Zip

Currently registered in _____ District in Scouting position(s): _____

Unit: _____

ADULT SCOUTING LEADERSHIP POSITIONS HELD:

<u>Position</u>	<u>Year</u>	<u>Position</u>	<u>Year</u>	<u>Position</u>	<u>Year</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL Number of Years as an ADULT LEADER:

SCOUTING LEADER TRAINING COURSES COMPLETED:

<u>Position</u>	<u>Year</u>	<u>Position</u>	<u>Year</u>	<u>Position</u>	<u>Year</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

YOU MUST COMPLETE THE BACK SIDE OF THIS NOMINATION FORM

ADULT SCOUT LEADERS RECOGNITION AND HONORS RECEIVED:

<u>Recognition</u>	<u>Year</u>	<u>Recognition</u>	<u>Year</u>	<u>Recognition</u>	<u>Year</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SERVICE RENDERED OUTSIDE OF SCOUTING PROGRAM:

(Adult service to church, community, education, business, civic, professional, fraternal, military, or service other than Scouting.)

<u>Organization</u>	<u>Organization</u>	<u>Organization</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECOGNITION AND HONORS/AWARDS RECEIVED (Outside of Scouting):

_____	_____
_____	_____
_____	_____

Provide additional information that illustrates this nominee’s dedication and service to Scouting and youth:

Submitted by				Phone		Date	
Address				City		State Zip	

Submit or mail to: Snake River Council
 2988 Falls Avenue East
 Twin Falls, ID 83301
 208-733-2067
 208-736-9964 - Fax

