

DISTRICT _____ YEAR _____

	Yes	No	Initial
District Chairman	<input type="checkbox"/>	<input type="checkbox"/>	___
District Commissioner	<input type="checkbox"/>	<input type="checkbox"/>	___
District Executive	<input type="checkbox"/>	<input type="checkbox"/>	___



**NOMINATION
for the
SILVER BEAVER AWARD
Chicago Area Council, Boy Scouts of America**

I take pleasure in presenting for your consideration the nomination of the Scouter named below for the Silver Beaver Award. (Give full name and title)

NAME _____ AGE _____

ADDRESS _____ BUSINESS PHONE _____

_____ HOME PHONE _____

Currently registered in Scouting as: (position/unit) _____ - District _____

The Constitution and By-Laws of the Boy Scouts of America provides the following standards shall be used as a guide by the Silver Beaver Award Committee:

MANDATORY QUALIFICATIONS:

- A. Candidates for the award shall be registered volunteer Scouters within the council territory.
- B. Candidates must be at least 21 years of age.
- C. Candidates must have rendered exceptional service to youth.

DESIRABLE QUALIFICATIONS:

- A. Ten years of cumulative service to youth.
- B. Service to youth both within and outside of Scouting.
- C. Service regarded as outstanding or distinctive beyond the expectation of normal duty.
- D. Value of youth service proven by time and experience.
- E. Record of community service and involvement.

INSTRUCTIONS:

- A. Please print in black ink or type.
- B. Fill out all sections as completely as possible.
- C. Do not include additional pages or letters of recommendation. Additional attachments will be separated and destroyed without notice.
- D. Return this form to:

**Silver Beaver Award Committee
Chicago Area Council, Boy Scouts of America
1218 W. Adams Street
Chicago, IL 60607-2802**

- A. Nominations must be received at the council service center before 4:30 p.m. on the deadline date published in "The Chicago Area Scouter".
- B. Remember, the Chicago Area Council Silver Beaver Award Committee has authority to make approved nominations only. Final selection is a function of the National Council, National Committee on Awards for Distinguished Service. To avoid possible disappointment, please do not advise nominee of your nomination.
- C. You will be notified of the final disposition of your nomination. If your nomination is selected, you will receive instructions outlining how and when to notify your nominee.

NAME OF NOMINEE _____

D. Record of Scouting Service:

1. Youth Positions Held:

<u>UNIT</u>	<u>POSITION, RANK, ETC.</u>	<u>DATES FROM - TO</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Adult Positions Held:

<u>UNIT, DISTRICT, ETC</u>	<u>POSITION</u>	<u>DATES FROM - TO</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Scouting Training, Awards & Recognitions: (indicate year received)

Cub Scout Basic Training _____ Boy Scout Basic Training _____

Training Awards Received (List Type/Year) _____

Wood Badge _____ Other Courses _____

(List Type/Year)

(List Type/Year)

District Award of Merit _____ Other Awards (List Type/Year) _____

