

OA Adult Candidate Recommendation

Selection and induction into the Order of an adult Scouter 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. **It must not be for the purpose of adult recognition**

Circle One: **Troop** **Team** **District** **Council**

Unit Number: _____ District: _____ Nominee's Position: _____

Nominee's Name: _____ Nickname: _____
(PRINT FULL NAME)

Address: _____ City: _____ CA, Zip: _____

Birth date: ____/____/____ Phone: [H] (____) _____ [B] (____) _____

Wood badge _____ Scouter Key _____ How long registered as Adult _____ Positions Held _____

Scout as a Youth _____ Rank _____ Community Activities _____

Special Interest _____

ONE ADULT per unit may be recommended each year. The following conditions are the basis for candidate selection and **MUST be fulfilled to be considered**. Make a brief statement regarding individual for each item

1. Selection of the adult is based upon ability to perform the necessary function 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 due to demonstrated skill and abilities, which fulfill the purpose of the Order, in the following manner

3. The camping requirement 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 night of camping under the auspices and standards of the Boy Scouts of America, including six consecutive days and nights of long term camping 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 fulfill 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 fulfill the above requirements (complete above information) is recommended for membership consideration in the Order of the Arrow

Date: _____ By: _____ Position: _____
Signature

ADULT SELECTION COMMITTEE

SELECTED: [] NOT SELECTED []

Date: ____/____/____

Comments:

Authorizing Signatures

Camping Chairman: _____

Lodge Adviser: _____

Lodge Staff Adviser: _____

Scout Executive: _____