

**Unit Adult Candidate Recommendation**

(Age 21 and over)

Election into the Order of the Arrow of an adult Scouter should take place only when the adult's job in the Boy Scouts of America will make Order of the Arrow membership more meaningful in the lives of the youth membership.

Circle One: **Troop Team**

Unit Number: \_\_\_\_\_ District: \_\_\_\_\_ Nominee's Position: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

(Last, First, Middle – Please print or type)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_ (h) \_\_\_\_\_ (w)  
Month/Day/Year

**One Adult per 50 registered Scouts unit may be recommended each year if at least one youth is elected within your Troop/Team. The following conditions must be fulfilled.**

1. Selection of the adult is based upon ability to perform the necessary functions and not for recognition on service, including current or prior achievement and positions. The individual's ability include:

\_\_\_\_\_

2. This adult will be an asset to the Order of the Arrow due to demonstrated skills and abilities, which fulfill the purpose of the Order because:

\_\_\_\_\_

3. The camping requirements that apply for youth candidates apply for adult candidates and must have been fulfilled within the most recent two years prior to recommendation for membership. This requirements, which is a minimum of fifteen days and nights 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 fulfills the above requirements (Complete above information) is duly recommended for membership in the Order of the Arrow.

Date: \_\_\_\_\_ Unit Leader: \_\_\_\_\_ Committee Chairman: \_\_\_\_\_

**Or**

**District / Council Recommendation**

The adult leader who fulfills the above requirements (Complete above information) is duly recommended for membership in the Order of the Arrow.

Date: \_\_\_\_\_ By: \_\_\_\_\_ Position: \_\_\_\_\_

**Adult Leader Selection Committee**

Elected       Not Elected

**Authorizing Signatures:**

Chairman: \_\_\_\_\_ Lodge Advisor: \_\_\_\_\_

Lodge Staff Advisor: \_\_\_\_\_ Scout Executive: \_\_\_\_\_