



UNIT ADULT CANDIDATE RECOMMENDATION

AINA TOPA HUTSI LODGE #60

Alamo Area Council
2226 NW Military Hwy.
San Antonio, TX 78213

(Age 21 and over)

Order of the Arrow
Boy Scouts of America
Phone (210) 341-8611

FOR ADULTS IN UNITS, this recommendation form MUST be turned in ATTACHED to the YOUTH Candidate Election Report and ALL questions MUST be answered

Election into the Order of an adult Scouter should take place only when the adult's job in Scouting will make Order of the Arrow membership more meaningful in the lives of the youth membership. **IT IS NOT FOR ADULT RECOGNITION!**

District: _____ TYPE OF UNIT: Troop # _____ Varsity # _____

Nominee's FULL Name: _____ Nominee's Scouting Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Birth Date: ____/____/____
A/C A/C Month Day Year

ONE ADULT per 50 youth or fraction thereof may be recommended from each unit each year. ALL of the following conditions MUST be fulfilled – a brief answer to each question is required:

- Selection of the adult is based upon ability to perform the necessary functions and not for recognition of service, including current or prior achievement and position. This individual's abilities include:

- The adult will be an asset to the Order due to demonstrated skills and abilities, which fulfill the purpose of the Order, because:

- The camping requirements 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 nights of camping under the auspices and standards of the Boy Scouts of America, including **ONE, but no more than one**, long-term camp consisting of **SIX days** and **FIVE nights**. The balance of the camping must be overnight, weekend, or other short-term camps.

- The adult leader's membership will provide a positive role model for the growth and development of the youth members of the lodge because:

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The adult leader who fulfills the above requirements (*complete above information*) is recommended for membership consideration in the Order of the Arrow

Date: ____/____/____ Unit Leader _____ Troop or Varsity
Month Day Year Signature Committee Chairman: _____ Signature

(Unless the Unit Leader is the candidate being recommended)

WHO is to be notified about the nominee's approval?
NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
(A COPY of this form will be mailed to this address within two weeks after OA Unit Elections have ended)

FOR LODGE ADULT SELECTION COMMITTEE USE ONLY

APPROVED: NOT APPROVED:

Comments: _____

DATE OF APPROVAL: ____/____/____
Month Day Year

(Candidacy is good for ONE YEAR from DATE OF APPROVAL)

Authorizing Signatures

Lodge Adult Selection Committee Chair _____

Lodge Adviser: _____

Staff Adviser: _____

Scout Executive: _____

Revised 4/20/2003

Attention CAMP CHIEF: Scout Executive's signature is REQUIRED!