



sponsored by the

Torch of Gold Award

disAbilities Awareness & Inclusion Committee

Erie Shores Council

Adult Award

Purpose

To recognize adult Scouters in the Erie Shores Council for exceptional service and leadership in the field of Scouts with disabilities.

Guidelines

- Nominations can be made by any registered Scouter and should be given to a member of the Council disAbilities Awareness Committee.
- The Council disAbilities Awareness Committee will select the recipient(s) of the award.
- Each District can have a recipient each year along with one Council "at large" recipient.
- The nominee shall
 - a. Be currently registered as a member of the Boy Scouts of America,
 - b. Have at least three or more years of service in any Scouting capacity related to Cub Scouts, Boy Scouts, and/or Venturers with disabilities or the education of Scouts regarding youth with disabilities.
 - c. Have completed all Scouting activities related to Scouts with disabilities on a strictly volunteer basis.
- This award can only be earned once and is not dependent upon or to be influenced by other awards; do not submit this information please.
- All nominations must be submitted by March 1st to the disAbilities Awareness Committee.
- This is to enable the Committee adequate time to review the nominations, select the recipient(s) and properly prepare the recognition for their respective District Recognition & Awards Dinners that spring.
- Recognition will also be made at the Council's annual Scouter Recognition Dinner in June.

Nominee

Date: _____

Nominee

First, Middle and Last Name as to be printed on the certificate

Address

Street

City/Town

State

Zip Code

District

☐

Commodore Perry

☐

Wood

☐

Eagle Bay

☐

Scoutreach

☐

Northwest

☐

Council At-Large

☐

Swan Creek

please check the appropriate box

Criteria

Nominee is currently registered (primary registration) with _____

Nominee's years of service related to youth with disabilities _____

History. Provide a brief profile of the applicant's **service to BSA members with disAbilities**. List only positions held that positively affected youths with disabilities. If additional space is needed, please attach a separate sheet and label it with the nominee's name and as *"History of Service to Scouts with disAbilities (continued)"*.

Current Position	Previous Positions*	Dates of Service	Number of Youths with disAbilities served

* List previous positions in order, from the most current to the oldest position

Other Recognitions. List any honors, recognitions, or awards received from other local, state, or national organizations for the nominee's **service to people with disAbilities**. If an additional sheet is needed, label it with the nominee's name and as *"Other Recognitions (continued)"*.

Organization / Level	Name of Recognition or Award	Year

Contributions. Provide a more detailed, personal, explanation of the **most outstanding contributions to BSA members who have disAbilities**, and any other information that you believe would have bearing on the nominee's qualifications for this recognition.

Nomination submitted by (name & phone #) _____

Please do not send elaborate presentation pieces with attachments.
Judging is based only on the nomination form and one or two additional information sheets