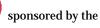
## Torch of Gold Award

**Adult Award** 



## disAbilities Awareness & Inclusion Committee Erie Shores Council

## **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 disAbilties.
  - 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:	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	e box			

<b>Criteria</b> Nominee is currently reg	istered (primary regist	ration) with		
Nominee's years of servi	, ,			
<b>History</b> . Provide a brief List only positions held the	profile of the applicar nat positively affected separate sheet and lat	nt's service to BSA members, youths with disabilities. If the pell it with the nominee's na	additional spa	ce is
Current Position	Previous Positions*	* Dates of Service	Number of Youths with disAbilties served	
* List previous positions i	n order, from the most curr	rent to the oldest position		
national organizations fo	r the nominee's <b>servi</b> o	nitions, or awards received se to people with disAbi me and as "Other Recognit	lities. If an a	dditional
Organization / Level		Name of Recognition or Award		Year
contributions to BSA	members who have	onal, explanation of the <b>m disAbilities</b> , and any othe pualifications for this recogn	er information	•

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