



# Torch of Gold Award

Youth Award

sponsored by the

disAbilities Awareness & Inclusion Committee  
Erie Shores Council

## Purpose

To recognize Scouts; Cub Scouts, Boy Scouts, and/or Venturers, 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 two 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 Unit	Previous Units*	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.

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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**