

## **CUBMASTER OF THE YEAR AWARD**

## **NOMINATION FORM**

Deadline for filing this form is January Roundtable (Please return the completed form to the Black Hills Area Council Office)

Criteria listed below will be used in selecting the "Cubmaster of the Year Award" recipient. The nominee must be a currently registered Scoutmaster in the Black Hills Area Council. This form should be accompanied by at least one letter in support from the unit. Nominations should be kept secret.

NAME OF NOMINEE \_\_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP			
Number of Year	s as a Cubma	ster Pack #	
Length of Servic	e: In Scouting	g years.	
In Black Hills Are	ea Council	years.	
Number of Year	s Pack has be	en a Journey to Excellence Unit	
Did your unit attend MN	∕ISR Cub Resid	dent Camp or Cub Day Camp? Last Year	2 Years Ago
Years of Scouting Service	e Positions He	eld in Units?	
POSITION	UNIT	CHARTERED ORGANIZATION	DATES

Describe the community involvement the nominee has provided? ( Church, Civic, School, or Military )					
State how the nominee's performance demonstrates t	he values of Scouting	the spirit of volunteerist	m and service to		
State how the nominee's performance demonstrates the values of Scouting, the spirit of volunteerism and service to youth. State how the person's contribution to developing youth into leaders exceeded expectations of a person serving					
as a Scoutmaster.					
Submitted By:		Unit #	Date//		
Address					
City / State / Zip					
Phone	Email				