

VIGIL HONOR NOMINATION FORM

CHAPTER NAME \_\_\_\_\_

Your candidate is to be judged solely on the basis of the information presented at the Vigil Honor selection meetings. This form may represent the only source of that information. Carefully research and answer every question completely. You must provide all of the information indicated by an (\*). Year means calendar year. Please include a picture along with your nomination.

1. NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

THE NOMINEE IS CURRENTLEY REGISTERED IN UNIT # \_\_\_\_\_ DISTRICT \_\_\_\_\_  
 COUNCIL \_\_\_\_\_ OLD COLONY \_\_\_\_\_ AND HOLDS A REGISTRATION CARD EXPIRING \_\_\_\_\_ 20 \_\_\_\_\_

2. THE NOMINEE WAS INDUCTED INTO THE ORDEAL (MONTH & YEAR) \_\_\_\_\_  
 BROTHERHOOD (MONTH AND YEAR) \_\_\_\_\_

3. WHAT SPECIFIC THINGS HAS THIS NOMINEE DONE TO MAKE THE ORDER OF THE ARROW BETTER AND WHAT CAN BE EXPECTED IN THE FUTURE? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. SCOUT ACTIVITIES

AWARD	YR	AWARD	YR	AWARD	YR
Rank as youth	_____	Other as youth	_____	Religious award	_____
Scouters Key	_____	Scouters Training Award	_____	Dist Award of Merit	_____
Silver Beaver	_____	SM Award of Merit	_____	Other	_____

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

5. OA LEADERSHIP/ACTIVITIES

CHAPTER LEADERSHIP	# OF YRS	LODGE LEADERSHIP	# OF YRS	ACTIVITIES	# OF YRS
Chief	_____	Chief	_____	Lodge Banquet	_____
1 <sup>st</sup> Vice Chief	_____	1 <sup>st</sup> Vice Chief	_____	Fellowship	_____
2 <sup>nd</sup> Vice Chief	_____	2 <sup>nd</sup> Vice Chief	_____	NOAC	_____
Secretary	_____	Secretary	_____	NLS	_____
Treasurer	_____	Treasurer	_____	Section Conclave	_____
Advisor	_____	Advisor	_____	LLD	_____
Associate Advisor	_____	Associate Advisor	_____	Other _____	_____
Other _____	_____	Head Elangomat	_____	_____	_____
_____	_____	Committee	_____	_____	_____
_____	_____	Other	_____	_____	_____

Comments \_\_\_\_\_

SERVICE PROJECTS (WITH THE LODGE)  
 TOTAL NUMBER OF SERVICE PROJECTS \_\_\_\_\_ ESTIMATED TOTAL HOURS \_\_\_\_\_

6. SCOUT LEADERSHIP/ACTIVITIES

UNIT SERVICE	# OF YRS	UNIT SERVICE	# OF YRS	UNIT SERVICE	# OF YRS
SPL	_____	Other_____	_____	Scout Master	_____
ASPL	_____	_____	_____	Assistant SM	_____
Instructor	_____	_____	_____	Committee	_____
Scribe	_____	_____	_____	Crew Advisor	_____
Troop Guide	_____	_____	_____	Explorer Advisor	_____
Patrol Leader	_____	_____	_____	Other_____	_____

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

DISTRICT SERVICE	# OF YRS	DISTRICT SERVICE	# OF YRS	COUNCIL SERVICE	# OF YRS
Commissioner	_____	Comm. Mem @ LG	_____	President	_____
Roundtable	_____	Comm. Chairman	_____	Commissioner	_____
Asst. District	_____	Comm. Vice Chair	_____	Asst Commissioner	_____
District	_____	Comm. Sub Chair	_____	Vice President	_____
Other_____	_____	Other_____	_____	Exec. Board	_____
_____	_____	_____	_____	Member @ Large	_____
_____	_____	_____	_____	Committee Chair	_____
_____	_____	_____	_____	Other_____	_____

AREA/REGIONAL/NATIONAL # OF YRS  
 \_\_\_\_\_

TRAINING	# OF YRS	TRAINING	# OF YRS	TRAINING	# OF YRS
JLT	_____	Den Chief	_____	Explorer Leader	_____
Woodbadge	_____	Cub Leader	_____	Commissioner	_____
Philmont	_____	Show and Do	_____	Scout Leader	_____

Comments \_\_\_\_\_

SPECIAL ACTIVITIES WHERE LEADERSHIP WAS GIVEN	POSITION	# OF YRS
Scoutorama	_____	_____
Camporee Staff	_____	_____
Summer Camp Staff	_____	_____
Jamboree Staff	_____	_____
Woodbadge Staff	_____	_____
ADP Staff	_____	_____
NLS Staff	_____	_____
NLATS Staff	_____	_____
Other	_____	_____

\_\_\_\_\_  
 Please include  
 a picture of the  
 nominee

