



# SILVER BEAVER AWARD NOMINATION

The Silver Beaver Award is presented by the National Council for distinguished service to youth.

Return by **OCTOBER 31** to:

Concho Valley Council, BSA  
PO Box 1584  
San Angelo, Texas 76902

- Mr./Mrs./Miss: \_\_\_\_\_ Birth date: \_\_\_\_\_
- Address \_\_\_\_\_ Phone: \_\_\_\_\_  
(number) (street) (city) (state)
- Occupation (title, company): \_\_\_\_\_
- Total years registered as: Scout \_\_\_\_\_ Scouter \_\_\_\_\_
- Scouting service **IN UNITS** (list current position on top line):

<u>Position</u>	<u>Unit</u>	<u>Chartered Partner</u>	<u>Dates</u>
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

- Scouting service in District, Council, Regional, or National (list current position on top line.)

<u>Position</u>	<u>District, Council, etc.</u>	<u>Years</u>
_____	_____	From _____ to _____
_____	_____	From _____ to _____
_____	_____	From _____ to _____
_____	_____	From _____ to _____
_____	_____	From _____ to _____

- Scouting Awards or Recognition and dates:

<input type="checkbox"/> Scout Rank _____	<input type="checkbox"/> Training Award _____	<input type="checkbox"/> Wood Badge _____
<input type="checkbox"/> Eagle _____	<input type="checkbox"/> Training Key _____	* Course _____
<input type="checkbox"/> O.A. Member _____	<input type="checkbox"/> Adult Religious _____	* Staff _____
*Ordeal _____	Award(s): _____	<input type="checkbox"/> Quality Unit _____
*Brotherhood _____	_____	<input type="checkbox"/> Award of Merit _____
* Vigil _____	<input type="checkbox"/> Youth Religious _____	
<input type="checkbox"/> Other _____		
_____	_____	
_____	_____	

8. Activities outside Scouting: Resume of service rendered, position(s) held, honors and recognitions and length of service under following headings (give particular attention to service to youth and full name of each organization.) Attach additional sheets as necessary to fully answer the following. Please be brief.

A. Family life: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

B. Civic/Community (other than Scouting): \_\_\_\_\_

C. Fraternal: \_\_\_\_\_

D. Professional/Business: \_\_\_\_\_

E. Military Record: \_\_\_\_\_

F. Other outstanding or exemplary service: \_\_\_\_\_

9. Provide a brief statement that summarizes how this individual has provided noteworthy service to youth:

10. Participates in council Friends of Scouting? ( ) Yes ( ) No

11. How does this individual demonstrate positive support of the council and its activities? \_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Position in Scouting: \_\_\_\_\_

Revised 08/10

<b>FOR SELECTION COMMITTEE USE ONLY</b>	
Key 3 Recommendation	( ) Highly recommend ( ) Recommend ( ) No recommendation ( ) Do not recommend
Chairman	Commissioner Executive