



Torch of Gold Award Nomination Form

The Torch of Gold Award is given to an adult Scout leader who has provided extraordinary service to Scouts with special needs in a unit, a district, or the council. The award is based on a Scout leader's efforts covering a period of at least two years in at least one of the following areas:

- Adapting unit/district/council activities to include Scouts with special needs by developing/incorporating special accommodations
- Providing advocacy for Scouts with special needs or other youth with special needs as part of his/her Scouting duties
- Promoting awareness of disabilities/special needs among Scouts, Scout Leaders, or the community as part of his/her Scouting duties

Any registered adult leader may be nominated another adult leader, the district committee, or Council staff.

Nominations shall be reviewed by the Council's Special Needs Scouting Committee. Recommendations shall be forwarded to the Executive Director. Upon the Director's approval, the certificate shall be awarded at the Council Recognition Dinner in the spring. The Award is limited to one leader per year.

Nominations shall be made by completing a Torch of Gold Award nominating form; nominations shall be initiated within 24 months of the service and resubmissions will be permitted as long as they are within the 24 month period.

NOTE: If a leader is employed in a field that regularly provides services to individuals with special needs, these activities shall not be conducted as part of his/her regular work duties, and shall be above and beyond his/her normal work routine or regular Scouting duties.

Name of adult leader being nominated _____ Date _____

Street Address _____

City _____ Zip _____ Phone # _____

Unit _____ Position(s) _____ District _____

Describe the activity or activities conducted by the adult leader and how it benefitted a Scout with special needs or other Scouts. Please include dates(s) of the activities. Attach another sheet and supporting materials if necessary.

The above person is being nominated by _____

Unit _____ Position(s) _____ District _____

Signature *Phone #*

Date Received _____ **Council Review:** Certificate is Awarded Not Awarded

Special Needs Chair signature *date* *Council Scout Executive signature* *date*

Torch of Gold Award p. 2 Nominee: _____

Additional Information:

Please provide additional information about the nominee and his/her service to the disabled including positions, awards and activities outside Scouting that may impact the decision of the committee.

Service to BSA Members with Disabilities:

Please list all positions the nominee held that positively affected Scouts with Disabilities.

Current Position	Previous Positions	Dates of Service	# of Scouts Served

BSA Recognitions and Awards:

List honors, recognitions, or awards received from the BSA for the nominee's service to BSA members with disabilities.

Level (Unit, District, Council)	Award or Recognition	Year

Non-Scouting Recognitions:

List any honors, recognitions, or awards received from other local, state, or national organizations for the nominee's service to people with disabilities.

Level	Organization	Award or Recognition	Year

Submission Information:

Nominations may be:

./ Mailed to Westchester/Putnam BSA at 41 Saw Mill River Road Hawthorne N.Y. 10532

./ Faxed to (914) 773-1141 or

./ Emailed to SNScouting@wpcbsa.net

All must be RECEIVED by 5:00 p.m. on April 15th of the year of the nomination