



# EVERGLADES DISTRICT ADVISOR OF THE YEAR AWARD NOMINATION FORM



Deadline for filing is April 30<sup>th</sup>, 2021 (Return completed nomination form to Ericka Casco  
cascoericka@yahoo.com)

**Criteria listed below will be used in selecting the "Advisor of the Year Award" recipient.**

The nominee must be a currently registered Scoutmaster in the Everglades District. **This form should be accompanied by at least one letter in support from the unit.** Nominations should be kept secret.

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

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Number of Years as Advisor \_\_\_\_\_ Crew # \_\_\_\_\_

Length of Service: In Scouting \_\_\_\_\_ years. In Everglades District \_\_\_\_\_ years.

Number of Years Crew has been a Journey of Excellence Unit \_\_\_\_\_

Did your unit attend Summer Camp? \_\_\_\_\_ Last year \_\_\_\_\_ 2 Years ago \_\_\_\_\_

Number of years, during tenure as Advisor, Crew participated in Investment in Character \_\_\_\_\_

### Years of Scouting service in Units?

POSITION	UNIT	CHARTERED ORGANIZATION	DATES
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

### Letter of support criteria

Describe the community involvement the nominee has provided (church, civic, and military) State how the nominee's performance demonstrates the value of Scouting, the spirit of volunteerism and service to youth. State how the person's contribution to developing young men exceeded expectations of a person as a Scoutmaster.

Submitted by \_\_\_\_\_ Unit # \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City/State/Zip \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Date submitted \_\_\_\_\_