

DISTINGUISHED COMMISSIONER SERVICE AWARD APPLICATION

Name _____

District _____

Address _____

Scouting position _____

City _____ State _____ Zip _____

Phone _____

Training Requirements

Basic Commissioner Training (date completed) _____

Commissioner Key (date awarded) _____

Service Tenure Requirements (minimum of five consecutive years as commissioner)

From _____ to _____
Year Year

Unit Service

I serve as the unit commissioner for the following units: _____

Or

I serve as the Roundtable Commissioner: _____
Yes No

Unit Please list each unit below	Year 1 Re-charter On Time		Quality Unit		Year 2 Re-charter On Time		Quality Unit	
	Yes	No	Yes	No	Yes	No	Yes	No

Roundtable Commissioners (Only)

I conducted at least nine roundtables during the year _____. List dates of month for the nine:

1. ____ 2. ____ 3. ____ 4. ____ 5. ____ 6. ____ 7. ____ 8. ____ 9. ____

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1. ____ 2. ____ 3. ____ 4. ____ 5. ____ 6. ____ 7. ____ 8. ____ 9. ____

OFFICE USE ONLY	District Commissioner Approval _____
Date: _____	Council Commissioner Approval _____