

Osage Hills Nominating Committee
Recommendation form for District Committee

Candidates Information

Name _____

Phone # _____

Address _____

Email _____

City State Zip Code

Employer _____

Position(s) being recommended for (If multiple positions, please list): _____

What makes this person a good candidate for this position? _____

What is this person's Scouting history? _____

Is this individual an Eagle Scout? (Please Circle) **YES** **NO**

If YES, When and Where was he made and Eagle Scout? _____

Is this individual currently registered in Scouting (Please Circle)? **YES** **NO**

If YES, with what unit? _____

Does this individual have any children in the Scouting program? (Please Circle) **YES** **NO**

If YES, in what unit(s)? _____

How do you know this individual? _____

What other organizations does this individual volunteer with? _____

Recommended by: _____
(Print Name)

Date: _____