Order of the Arrow
Youth Candidate Election Form

Date of Election: __________________

District: ___________________ Troop Number: ___________ OR Team Number: ______________

NOTE: AT LEAST HALF OF THE REGISTERED ACTIVE UNIT MEMBERS MUST BE PRESENT TO CONDUCT AN ELECTION

Number of Registered Active Youth Members in the Unit: ___________ Number of Ballots Turned In: ___________

Number of Youth Members Present at Election: ___________ Number of Votes Required to be Elected: ___________

Number of Youth Members Eligible for Election: ___________ Number of Youth Members Elected: ___________

All members of, or candidates for membership in, the Order of the Arrow who are under 21 years of age shall be considered youth members or candidates for youth membership. In Boy Scout troops and Varsity Scout teams, every registered active member of the unit under age 21 at the time of election is eligible to vote or be elected to Order of the Arrow, subject to meeting the following requirements:

1. Be a registered member of the Boy Scouts of America.
2. Hold the First Class rank of the Boy Scouts of America, as a minimum.
3. After registration with a troop or team, have experienced 15 days and nights of Boy Scout camping during the two-year period prior to the election. The 15 days and nights must include one, but no more than one, long-term camp consisting of six consecutive days and five nights of resident camping, approved and under the auspices and standards of the Boy Scouts of America. The balance of the camping must be overnight, weekend, or other short-term camps.

Fill in the names and ranks of youth eligible for election BEFORE holding your election (attach additional sheets as necessary):

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<th>Name of Eligible Youth</th>
<th>BSA ID</th>
<th>Scout Rank</th>
<th>Elected (Yes/No)</th>
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I certify that the above youth are eligible and approve them as nominees for election. I also understand that the election results will be final for the year.

UNIT LEADER SIGNATURE ___________________________ DATE _______________

Number of adults eligible for nomination to OA: ___________ ÷ 3 = (round up if not even) = ___________

Youth Elected

Election Team Approval:

Print Name ___________________ Sign Name ___________________

Print Name ___________________ Sign Name ___________________

Print Name ___________________ Sign Name ___________________

Please return this Election Form to:
Heart of America Council, BSA
Attn: Order of the Arrow Elections
10210 Holmes Rd
Kansas City, MO 64131
Fax: 816.942.8086
Email: oaassistant@tamegonit.org

A Copy of this election form MUST be turned in at least two weeks prior to the first Induction event that your unit plans to attend.

Please use this most current version of the Youth Candidate Election Report. Previous versions will not be accepted.

If you have questions regarding this form or the election process, please consult an Election Team member or your Chapter leadership.