

TORCH OF GOLD AWARD Nomination Form



Purpose

The Torch of Gold is a council-level distinguished award of the Boy Scouts of America to recognize adults for exceptional service and leadership in working with Scouts who have disabilities.

Guidelines

- Each council may recognize one Scouter per year with the Torch of Gold Award.
- The completed nomination form must be submitted to the council Special Needs or Disabilities Awareness committee or its designee, according to council procedures and deadline.
- The nominee shall:
 - a. Be currently registered with the Boy Scouts of America.
 - b. Have at least three or more years of service in any Scouting leadership capacity related to Cub Scouts, Boy Scouts, and Venturers with disabilities, including educating other Scouters about disabilities and working with youth who have disabilities.
 - c. Have completed all activities related to Scouts with disabilities on a strictly volunteer basis.
- This award shall be given only once to an individual, and is not dependent on, or to be influenced by, other awards.
- Presentation should be made at the council annual recognition dinner, district recognition dinner, or other appropriate Scouting event.
- The Scout executive must approve the recipient.

The Torch of Gold certificate, No. 33733, is available through the Supply Group.

Nominee

Date _____

Name _____
First Middle Last

Address _____
Street City State Zip

Phone _____ Email _____

District _____

Person completing nomination

Name _____ Position _____

Address _____
Street City State Zip

Phone _____ Email _____

Council _____ Scout executive signature _____



BOY SCOUTS OF AMERICA®

1. History. Provide a brief profile of the applicant's **service to Scouts with disabilities**. List Scouting positions held and number of Scouts with disabilities served while holding each position. If an additional sheet is needed, label it as follows: *1. History of Service to Scouts With Disabilities (continued)*.

Current Positions	Dates of Service	No. of Youth With Disabilities Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Positions	Dates of Service	No. of Youth With Disabilities Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. BSA Recognitions and Awards. List honors, recognitions, or awards received from the BSA for the nominee's **service to BSA members with disabilities**. If an additional sheet is needed, label it as follows: *2. BSA Recognitions and Awards (continued)*.

Level (District, Council, National)	Name of Recognition or Award	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Service. Provide a more detailed explanation of the **most outstanding contributions of service to BSA members who have disabilities**, and any other data that would have bearing on the nominee's qualifications for the Torch of Gold Award.

Please do not send elaborate presentation pieces with attachments. Judging is based only on the nomination form and one or two additional information sheets.

