

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 <small>Please list each unit below</small>	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 Date: _____	District Commissioner Approval _____ Council Commissioner Approval _____
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