



# 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 working with Scouts who have disabilities.

## **Guidelines**

- Each council may recognize one Scouter per year with the Torch of Gold award.
- 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 a 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 only be given once 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 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 \_\_\_\_\_

**1. History.** Provide a brief profile of the applicant's **service to BSA members with disabilities**. List Scouting positions held and the 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 Position	Dates of Service	No. of youth with Disabilities Served
_____	_____	_____
<b>Previous Positions</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

