

# Nomination Form For the Torch of Gold Award



Date: \_\_\_\_\_

Name of person being nominated: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

The candidate is a: Youth \_\_\_\_\_ Adult \_\_\_\_\_

Is the candidate currently registered in Scouting? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, unit number and type: \_\_\_\_\_ District: \_\_\_\_\_

If no, when was their last registration? \_\_\_\_\_

Scouting position: \_\_\_\_\_  Current  Prior

Years in Scouting: \_\_\_\_\_ Years working with special needs Scouts: \_\_\_\_\_

Please tell us why you think this person is deserving of this award:

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Name of person making nomination

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Position in scouting

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Contact phone number