



# Unit Election Forms

The enclosed forms are designed to be reproduced by lodges and distributed for use at unit elections conducted by lodge or chapter elections teams.



SCOUTING AMERICA®  
ORDER OF THE ARROW

## Scouting's Barriers to Abuse

Two-deep leadership for all OA activities must meet the requirements of Scouting's Barriers to Abuse, found at [www.scouting.org/Training/YouthProtection.aspx](http://www.scouting.org/Training/YouthProtection.aspx). The relevant portion of this policy is quoted below:

***Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings. There must be a registered female adult leader over 21 in every unit serving females. A registered female adult leader over 21 must be present for any activity involving female youth. Notwithstanding the minimum leader requirements, age and program appropriate supervision must always be provided.***

## Adult Supervision/Coed Activities

Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings and those including parent and child. A registered female adult leader age 21 or over must be present for any activity including female youth. Notwithstanding the minimum leader requirement, age and program appropriate supervision must always be provided.

## Feedback

You are encouraged to submit your comments, suggestions, and questions about these forms to the national Order of the Arrow committee by sending an email to [inductions@oa-scouting.org](mailto:inductions@oa-scouting.org).

# Unit Election Report

Lodge and Council \_\_\_\_\_  
 Unit type \_\_\_\_\_ Unit No. \_\_\_\_\_ Date of election \_\_\_\_\_  
 No. of registered active youth \_\_\_\_\_ No. of youth present \_\_\_\_\_

NOTE: At least half of the registered active unit members must be present to hold an election.  
 (Fill in names and ranks of eligible youth members before election.)

Name	Rank/Award	Check if Elected	Name	Rank/Award	Check if Elected
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

I certify that the above youth members are eligible and approve them as nominees for election. I also understand that the election results will be final for the year.

\_\_\_\_\_  
Unit leader's signature

Number of members eligible \_\_\_\_\_  
 Number of votes required to be elected \_\_\_\_\_

Number of ballots turned in \_\_\_\_\_  
 Number elected \_\_\_\_\_

**Mail or email election report to**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Election team members' signatures:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List names, genders, postal and email addresses, mobile and a parent's phone numbers, birth dates, and Scouting America ID numbers of those elected on the back of this form. Write clearly!**

## Information on Youth Members Who Were Elected

Name Email Scouting America ID #	Address City, State & ZIP Code Birth Date (MM/DD/YY)	Mobile Phone Parent's Phone Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female

Use additional page(s) if more than eight youth members were elected.

**Notes**

# Adult Candidate Nomination Form

Each year, upon holding a unit election for youth candidates that results in at least one youth candidate being elected, the unit committee may nominate registered unit adults (age 21 or over) to the lodge adult selection committee. The number of adults nominated can be no more than two-thirds of the number of youth candidates elected, rounded up where the number of youth candidates is not a multiple of three. In addition to the two-thirds limit, the unit committee may nominate the currently-serving unit leader (but not assistant leaders), as long as they have served as unit leader for at least the previous 12 months. Recommendations of the lodge adult selection committee, with the approval of the Scout executive, will be candidates for induction, provided all conditions are fulfilled. Consult the [Handbook for Officers and Advisers](#) for procedures for district and council Scouters.

*Please print clearly and complete all of the information requested*

Lodge & Council: \_\_\_\_\_

District: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Unit #: \_\_\_\_\_ Position: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Gender:  M  F

Birth Date: \_\_\_\_\_ Years as Adult: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Scout as Youth / Rank: \_\_\_\_\_ Scouting America ID#: \_\_\_\_\_

Training Completed: \_\_\_\_\_

Scouting Positions Held: \_\_\_\_\_

Community Activities: \_\_\_\_\_

Employment / Trade: \_\_\_\_\_

Camping Requirement\*: \_\_\_\_\_

\* The camping requirement for youth candidates must be fulfilled by adults for them to be considered. To be eligible, the adult must have completed 15 nights of Scout camping during the two years immediately prior to nomination. The 15 nights must include one, but no more than one, long-term camp consisting of five consecutive nights of overnight camping, approved and under the auspices and standards of Scouting America. Only five nights of the long-term camp may be credited toward the 15-night camping requirement; the balance must be overnight, weekend, or other short-term camps of, at most, three nights each. Ship nights may be counted as camping for Sea Scouts. Include above the dates and location of the long-term camping experience.

*Please also make a brief statement regarding the individual for each item on the back of this page.*

**Nomination for Unit Scouters:** The adult leader, who fulfills the above requirements, is nominated for membership consideration in the Order of the Arrow.

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

**Unit Leader:**

\_\_\_\_\_

Print Name Signature

**Committee Chair:**

\_\_\_\_\_

Print Name Signature

**Nomination for District/Council Scouters:** The adult leader, who fulfills the above requirements, is nominated for membership consideration in the Order of the Arrow.

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

**Nominator:**

\_\_\_\_\_

Print Name & Position Signature



# Adult Candidate Nomination Form

1. Selection of the adult is based upon the ability to perform the necessary functions and not for recognition of service, including current or prior achievement and position. The individual's abilities include:

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- As Scouting's National Honor Society, the Order of the Arrow's purpose is to:
  - Recognize those who best exemplify the Scout Oath and Law in their daily lives and through that recognition cause others to conduct themselves in a way that warrants similar recognition.
  - Promote camping, responsible outdoor adventure, and environmental stewardship as essential components of every Scout's experience, in the unit, year-round, and in summer camp.
  - Develop leaders with the willingness, character, spirit, and ability to advance the activities of their units, our Brotherhood, Scouting, and ultimately our nation.
  - Crystallize the Scout habit of helpfulness into a life purpose of leadership in cheerful service to others.

This adult will be an asset to the Order of the Arrow due to demonstrated skills and abilities, which fulfill the purpose of the Order of the Arrow, in the following manner:

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2. This adult leader's membership will provide a positive role model for the growth and development of the youth members of the lodge because:

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# Unit Election Evaluation Form

Unit Type: \_\_\_\_\_ Unit No.: \_\_\_\_\_ District: \_\_\_\_\_  
Location: \_\_\_\_\_ Date of Unit Election: \_\_\_\_\_  
Unit Leader: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Order of the Arrow Unit Representative: \_\_\_\_\_  
Order of the Arrow Unit Adviser: \_\_\_\_\_

- | Yes                      | No                       | Item   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did the unit elections team arrive on time?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the unit elections team in proper uniform?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the team courteous to leaders and Scouts?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the team knowledgeable of election procedures?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the team have the correct forms?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the unit leader advised of the election procedures?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the unit leader advised in advance of the choices available for call-outs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the election conducted in accordance with Order of the Arrow and Scouting America rules, policies, and procedures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any other presentations, such as camp promotion, well-presented?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the election offer a clear statement of criteria on which Scouts should base their vote?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | If the unit leader decided to have the newly elected candidates called out, was the call-out impressive?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the unit's Order of the Arrow unit representative help conduct the unit election?                                  |

What was your overall impression of the unit election? \_\_\_\_\_  
\_\_\_\_\_

How could it have been improved? \_\_\_\_\_  
\_\_\_\_\_

What can the Order of the Arrow do to better serve your unit? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed (Unit Leader)

\_\_\_\_\_  
Signed (Order of the Arrow Unit Representative)

\_\_\_\_\_  
Signed (Order of the Arrow Unit Adviser)

Return this form to the Order of the Arrow unit elections chair: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_



SCOUTING AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
[www.scouting.org](http://www.scouting.org)

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