



## Chief Sowiett Award Application

Complete both Sides

Application completed and turned in not later than March Roundtable

**CHIEF SOWIETT AWARD.** This is a Sanpete County Award given to a Scouter who *models Scouting and indelibly writes* his or her character and *personality into District Scouting. A full-time volunteer.* Must have received 2nd Miler and District Award of Merit first. Has completed all required trainings for current position. Regularly attend Roundtable. Participates in District and Sanpete Area Events and Activities

## Applicant Information

Name \_\_\_\_\_ Address \_\_\_\_\_

Current Scouting Position \_\_\_\_\_ Unit # \_\_\_\_\_

Sponsoring Unit (Ward, etc.) \_\_\_\_\_

## Adult Service History (Unit and District Level Service)

(List Service starting with current position and moving backwards in chronological order. Include any positions as Scouting Trainer)

Registered Position	Unit #	District	Council	Dates Served	# of years served in position

## Training Information

Please Complete the Following

Training	Date Completed	Training	Date Completed
Youth Protection (Latest)		Leader Specific	
North Star (Intro to Outdoor Skills)		Hazardous Weather	
Safe Swim Defense		Climb on Safely	
Trek Safely		EDGE	
Woodbadge		Akela's Council	

## Additional Training

Training	Date Completed	Recognition Level
University of Scouting		
Commissioner College		
Other Trainings (List)		

*Please Describe what position(s) this individual has held and how, through their service, they have impacted District or Sanpete Scouting*

Does Candidate attend District Roundtable currently and regularly over the past 3+ years?    Yes            No

**Comments on Roundtable Attendance by this Candidate**

Has Candidate participated in District and Sanpete Area Events and Activities regularly?    Yes            No

**Comments on Event Participation (List Events)**

**Please Comment on how this candidate has gone the second mile as he/she has striven for excellence in his/her Scouting positions.**

Submitter Name	Scouting Position
Mailing Address	
Phone	Email (Required)

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For District Use Only

Date of Review \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Approval    Yes    No    \_\_\_\_\_

Arapeen District Recognition Chair