

Unit: _____ District: _____ Date of Election: _____

These candidates were or will be called out on: _____ Page: ____ of ____

Village Adviser's Signature: _____

Complete the requested information below for each of youth elected (attach additional sheets if needed)

Name: _____ BSA ID #: _____
 Address: _____ Home Phone: _____
 City: _____ Zip: _____ Cell Phone: _____
 Nickname: _____ Rank: _____ Date of Birth: _____
 Email Address: _____ Gender: _____
(If candidate is under the age of 13 provide parent/guardian's email address)
 Parent's Email: _____

Youth Protection Training: **Required for all over the age of 18 or will be over 18 at the time of their Ordeal** Age: _____ YPT Date: _____
(mm/dd/yyyy)

Name: _____ BSA ID #: _____
 Address: _____ Home Phone: _____
 City: _____ Zip: _____ Cell Phone: _____
 Nickname: _____ Rank: _____ Date of Birth: _____
 Email Address: _____ Gender: _____
(If candidate is under the age of 13 provide parent/guardian's email address)
 Parent's Email: _____

Youth Protection Training: **Required for all over the age of 18 or will be over 18 at the time of their Ordeal** Age: _____ YPT Date: _____
(mm/dd/yyyy)

Name: _____ BSA ID #: _____
 Address: _____ Home Phone: _____
 City: _____ Zip: _____ Cell Phone: _____
 Nickname: _____ Rank: _____ Date of Birth: _____
 Email Address: _____ Gender: _____
(If candidate is under the age of 13 provide parent/guardian's email address)
 Parent's Email: _____

Youth Protection Training: **Required for all over the age of 18 or will be over 18 at the time of their Ordeal** Age: _____ YPT Date: _____
(mm/dd/yyyy)

Name: _____ BSA ID #: _____
 Address: _____ Home Phone: _____
 City: _____ Zip: _____ Cell Phone: _____
 Nickname: _____ Rank: _____ Date of Birth: _____
 Email Address: _____ Gender: _____
(If candidate is under the age of 13 provide parent/guardian's email address)
 Parent's Email: _____

Youth Protection Training: **Required for all over the age of 18 or will be over 18 at the time of their Ordeal** Age: _____ YPT Date: _____
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 Parent's Email: _____

Youth Protection Training: **Required for all over the age of 18 or will be over 18 at the time of their Ordeal** Age: _____ YPT Date: _____
(mm/dd/yyyy)

Incomplete forms will NOT be honored and will be returned to be completed