

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2019-2020 QUESTIONNAIRE**

**NUMBER 6 – OLDER SCOUT PROGRAM (OSP) AWARD  
(Varsity Team, Venture Crew, Sea Scout Ship or Explorer Post)**

**COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 15, 2020**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_  
Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

**OLDER SCOUT PROGRAM AWARD**

This award for the most outstanding Older Scout Unit will be granted to the Post whose Older Scout Unit shows the greatest accomplishment during the current year on the following basis.

**Make out a separate report for each OSP Unit the Post sponsors.**

Did the Post sponsor an OSP Unit this year? Yes \_\_\_ No. \_\_\_  
Type of Unit \_\_\_\_\_ Unit No. \_\_\_\_\_

1. TRAINING:

Has the unit leader completed the appropriate Fast Start and Basic Leader Training? Yes \_\_\_ No. \_\_\_

Have all registered adults completed Youth Protection Training? Yes \_\_\_ No \_\_\_

2. LEADERSHIP:

Does the OSP Unit have one or more assistants registered, trained and active? Yes \_\_\_ No. \_\_\_

If the OSP unit is coeducational, does the unit have at least one female adult assistant registered trained and active? Yes \_\_\_ No \_\_\_

3. OFFICERS:

Did the OSP Unit elect officers and an officer's seminar held? Yes \_\_\_ No \_\_\_

4. ON TIME CHARTER RENEWAL:

Did the OSP unit renew its charter on time as required by the Council timeline? Yes \_\_\_ No \_\_\_

5. SUPERACTIVITIES:

Did the OSP Unit conduct an annual super activity (such as a major trip, activity or project) requiring advanced planning and promotion? Yes \_\_\_ No \_\_\_

6. PROGRAM:

Did the OSP Unit conduct a minimum of two meetings or activities each month? Yes \_\_\_ No \_\_\_

7. SERVICE PROJECT:

Did the OSP unit conduct a service project this year, preferably for the chartering organization or community? Yes \_\_\_ No \_\_\_

8. OPEN HOUSE:

Did the OSP unit conduct an annual open house or other effort to recruit new members?

Yes \_\_\_ No \_\_\_

9. MEMBERSHIP:

Did the OSP unit have an increase in membership this year? Yes \_\_\_ No \_\_\_

Number of members at the beginning of the year \_\_\_\_\_ Current member number \_\_\_\_\_

10. OSP UNIT COMMITTEE:

Did the OSP unit have an adult committee of at least three members who were registered, trained, and active and met at least four times this year? Yes \_\_\_ No \_\_\_

11. FINANCIAL SUPPORT:

Did the Post provide financial support to the OSP unit? Yes \_\_\_ No \_\_\_

Please provide amount \$ \_\_\_\_\_

**NARRATIVE OF OLDER SCOUT UNIT ACTIVITIES  
USE ADDITIONAL SHEETS IF NEEDED**

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**NOTE: FORMS WITHOUT THE REQUIRED SIGNATURES OR INCOMPLETE WILL NOT BE CONSIDERED.**

Attest: Commander \_\_\_\_\_ Adjutant \_\_\_\_\_  
Signature Signature  
\_\_\_\_\_  
Printed Name Printed Name

**Questionnaire to be evaluated by the Department Boy Scout Committee**