THE AMERICAN LEGION - DEPARTMENT OF OREGON

2020-2021 QUESTIONNAIRE

NUMBER 5 – CUB SCOUT PROGRAM

COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 15, 2021.

Please Print or Type

Post Name _______________________________   Post No. ____________

Number of members in Post ________                Date ________________

CUB SCOUT PROGRAM

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

Make out a separate report for each pack the Post sponsors.

Did the Post sponsor a Cub Scout Pack this year?   Yes ____No_____

Pack Number_________________

1. TRAINING: Has the Cubmaster and at least 50 percent of the Den Leaders and Webelos
Den Leaders taken CD19 Position Specific online training for their current positions?
   Yes _____ No_____

   Have all registered adults passed Youth Protection training?   Yes _____ No_____

2. LEADERSHIP: Does the pack have one or more Assistant Cubmaster (s) registered, trained
and active?   Yes_____ No_____

3. OUTDOOR ACTIVITIES: Did the pack participate in one or more of the following
experiences: Scout Day Camp, Resident Camp, Family Camp, Weblos Den overnights
and /or other activities conducted or approved by the District or Council? Yes ___ No ____

4. ON TIME CHARTER RENEWAL: Did the pack complete its charter renewal on time as
required by the Council timeline?   Yes _____ No _____
5. PACK MEETINGS: Did the pack hold at least nine pack meetings this year, including at least one during the summer? Yes ____ No ____

6. TIGER CUBS: Did the pack have a Tiger Cub Den in the pack? Yes ____ No ____

7. FAMILY PACK:
Did the pack BECOME A Family Pack recruiting girls into the pack? Yes ____ No ____

8. MEMBERSHIP: Did the pack have an increase in membership this year? Yes ____ No ____
   Number of Cubs at the beginning of the year ________
   Number of current members ________
   Number of girls that joined__________

9. FINANCIAL SUPPORT: Did the Post provide financial support to the Pack? Yes ____ No ____
   Please provide amount $________

PLEASE PROVIDE NARRATIVE OF ACTIVITIES – USE ADDITIONAL SHEETS IF NECESSARY

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

Attest:
Commander ______________________ Adjutant ___________________________

________________________                ____________________________
Signature                    Signature

________________________
Printed Name                Printed Name

Questionnaire to be evaluated by the Department Boy Scout Committee