

THE AMERICAN LEGION - DEPARTMENT OF OREGON

2020-2021 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, 2021.

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**

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

Attest:
Commander _____ Signature Adjutant _____ Signature
_____ Printed Name _____ Printed Name

Questionnaire to be evaluated by the Department Boy Scout Committee