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

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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