

THE AMERICAN LEGION - DEPARTMENT OF OREGON

2022-2023 QUESTIONNAIRE

NUMBER 5 – CUB SCOUT PROGRAM

COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 15, 2023.

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 of 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 have 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, Webelos Den overnights and /or other activities conducted or approved by the District or Council?
May be done Virtually. 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? May be done Virtually. 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 a narrative of activities - Also provide for any Virtual activities.

Use additional sheets if necessary

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 Scouting Committee