THE AMERICAN LEGION - DEPARTMENT OF OREGON 2024-2025 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 1, 2025.

	Please P	rint or Type	
Post Name _		Post No	
Number of r	members in Post	Date	
	OLDER SCOUT F	PROGRAM AWARD	
This award	for the most outstanding Older Sco	out Unit will be granted to the Post whose Older	
Scout Unit s	hows the greatest accomplishment	during the current year on the following basis.	
<u> </u>	Make out a separate report for	each OSP Unit the Post sponsors.	
	e of Unit Unit No		
1. TRAINI	NG:		
Has the	unit leader completed the appropria	te Fast Start and Basic Leader Training?	
Yes	_ No		
Have all	l registered adults completed Youth	Protection Training? YesNo	
2. LEADE	RSHIP:		
Does th	e OSP Unit have one or more assist	tants registered, trained, and active?	
Yes	No		
If the O	SP unit is coeducational, does the u	nit have at least one female adult assistant	
registere	ed trained, and active? Yes No	o	
3. OFFICE	ERS:		
Did the	OSP Unit elect officers and an offic	eer's seminar was held? YesNo	
(This als	so could have been done virtually).		

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			
	(This also could have been done virtually).			
6.	PROGRAM:			
	Did the OSP Unit conduct a minimum of two meetings or activities each month?			
	(This also could have been done virtually). YesNo			
7.	SERVICE PROJECT:			
	Did the OSP unit conduct a service project this year, preferably for the chartering			
	organization or community? YesNo			
8.	OPEN HOUSE:			
	Did the OSP unit conduct an annual open house or other efforts to recruit new members?			
	YesNo			
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? YesNo			
11.	FINANCIAL SUPPORT:			
	Did the Post provide financial support to the OSP unit? YesNo			
	Please provide amount \$			

NARRATIVE OF OLDER SCOUT UNIT ACTIVITIES USE ADDITIONAL SHEETS IF NEEDED Please include Virtual Activities

NOTE: FORMS	WITHOUT THE REQUIR	ED SIGNATURES	S OR INCOMPLETE WILL NOT BE
	CO	ONSIDERED.	
Attest:			
Commander		Adjutant	
	Signature	/ Mjutant	Signature
	Signature		Signature
	Printed Name		Printed Name

Questionnaire to be evaluated by the Department Scouting Committee