

Leadership Development Pin

Section I – Complete the following information.

Name _____ Date _____

Address _____ City _____ State ____ Zip _____

Telephone (home) _____ (work) _____

Email _____ Troop # _____ Service Area # _____

Service Area Manager or Membership Specialist _____

Section II – Complete to receive the Leadership Development Pin. If you already have your pin, skip this section and go to section III.

- Already have my pin
- Leadership Essentials Date _____ Location _____

OR

- Basic Leader Training Date _____ Location _____
- Age Level Training Date _____ Location _____

- Applicant has attended two meetings beyond the troop meeting.

Type of Meeting	Location	Date(s)

- First Aid/CPR Date _____ Location _____
- Name (if other than applicant) _____
- Basic Outdoor Training Date _____ Location _____
- Name (if other than applicant) _____

Department: Membership	Approved by: Director of Membership and Program
To Be Reviewed: September	Last Reviewed: September 2009
Last Revised: September 2009	Revision Number: 2

