EXPLORER OF THE YEAR

RIO DEL ORO DISTRICT

Nominate one of your **EXPLORER'S** in your unit that you think exemplifies what Exploring stands for.. **Does the explorer show explorer spirit, Leadership, participation in unit activities, unit service projects, and provides service to others ???**
Write and complete this form why you believe this youth should be the Rio Del Oro District Explorer of the year. Plus include everything you believe makes this youth the outstanding Explorer..

Please include; **Unit # and Type of Explorer Program**, (ie: "Police, Fire, Medical, Ambulance Service, Sheriff, Highway Patrol, Etc.,") **Name of Sponsoring Organization,** and **Name printed and signed as Nominator**.. Please do not tell the candidate as the selection committee may have a large number of candidate's to review and choose from...

ONLY (1) NOMINATION PER UNIT !!! Nomination info - See Over

It is a pleasure to submit for consideration this candidate for Explorer of the Year:::

Candidate Name (Print)_____

Position or Leadership Role in Unit _____

Unit Number_____ Type of Program_____

Sponsoring Organization_____

NOMINATED BY UNIT LEADER _____**DATE** _____
(Name -- Print & Signature)
TELEPHONE # _____ **E-MAIL** _____

APPROVAL UNIT COMMITTEE REQUIRED -- SIGNATURE OTHER SIDE OF FORM ------

NOTE :: Send Nomination to -- Onis Lentz, 3460 " R " Street, Unit 207, Merced 95348
*** ----- Deadline to submit is 5 pm Friday April 12, 2019 ---- ***

Updated --- 01/01/19 --- P-1 -- RDO

RIO DEL ORO DISTRICT

EXPLORER OF THE YEAR

Nominate One of the **"Explorer's"** in your unit that you believe **exemplifies what Explorer Scouting stands for**.... Shows Explorer Spirit, Leadership, Provides Service to unit Activities, Service Projects, Provides Service to others and the Local Community..**(Add additions sheets if/as needed)**

LIST:: Leadership Positions held in **The Unit**, Awards received, Honors, Etc.,

_____

_____

_____

_____

LIST :: Leadership in School, Sports, Community, Church Activities, or Clubs, Awards received and/or Other Programs.,

_____

_____

_____

_____

ONE NOMINATION PER UNIT -----

CERTIFICATION AND RECOMMENDATION OF COMMITTEE ::::

NAME :_____

RECOMMENDED by COMMITTEE CHAIR. or DESIGNATE
(PRINT & SIGNATURE) (DATE)

TELEPHONE # _____ **E-MAIL** _____

Updated -- 01/01/19 -- P-2 -- RDO -- OCL