



REQUEST FOR AUTHORIZATION TO CONDUCT A NATIONAL TRAINING COURSE

Course will be held in

2011 2012

Course Type Requested

Wood Badge



NYLT



Powder Horn



Host Council _____ **Host Council No.** _____ **Region** _____ **Area** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Host Council Staff Advisor _____

Daytime Phone _____ **E-mail** _____

Type of Course Weeklong Two-Weekend **Is this a Cluster Course?** Yes No

In accordance with all National training procedures, authorization is requested to conduct a course as indicated above. Staff, equipment and facilities must meet the high standards and expectations set by the National Volunteer Development Committee along with strict adherence to the correct course syllabus.

Course Location _____ **City/State** _____ **Zip Code** _____

Dates Weeklong _____ Weekend # 1 _____ & Weekend # 2 _____

The following names are submitted as candidates for Course Director and Assistant Course Director. If approved, each will receive an invitation to attend the required Course Development Conference.

Course Director

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 E-mail _____
 Current Scouting position _____

Assistant Course Director (or back-up Course Director)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 E-mail _____
 Current Scouting position _____

NYLT/PH/WB-21 st Century Staff Experiences (Most recent first)			
Course # and/or Type	Position	Month/Year	Location

NYLT/PH/WB-21 st Century Staff Experiences (Most recent first)			
Course # and/or Type	Position	Month/Year	Location

Training		
Course	Location	Month/Year
CDC		
Trainer's EDGE		
Other		

Training		
Course	Location	Month/Year
CDC		
Trainer's EDGE		
Other		

For Cluster Courses Only

The following councils have been contacted and have agreed to provide participants and staff members:

Council Name	Council No.	Council Contact Name (For this course)	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Host Council approval

_____	_____	_____	_____
Council Training Chairman	(Print or Type Name)	(signature)	Date
_____	_____	_____	_____
Scout Executive	(Print or Type Name)	(signature)	Date

NOTE: Host Council Staff Advisor must send original request to their Area Training Chairman. If unknown or position is vacant send to the Area Director.

Area approval

This course **Is** or **Is not approved**

-  *If approved*, supplies and materials to conduct this course may be ordered.
-  *If not approved*, the Area Training Chairman along with the Area Director should contact the host council requesting corrections, status or leadership changes.

_____	_____	_____
Area Training Chairman (or Regional Representative)	(Print or Type Name)	(signature) Date

Submit request to the National Council, BSA

NOTE: Area Training Chairman must E-mail original request (or E-mail a scanned PDF file) to the National Volunteer Development Team, in either case, copy the Host Council Staff Advisor and Area Director.



Volunteer Development
 Boy Scouts of America
 1325 West Walnut Hill Lane
 P. O. Box 152079
 Irving, Texas 75015-2079
nationaltrainingcourse@scouting.org

National Volunteer Development Team Use Only