



REQUEST FOR AUTHORIZATION TO CONDUCT A SEABADGE COURSE

Year of course _____

LANGUAGE _____

Host council _____ Host council No. _____ Region _____ Area No. _____

Address _____

City _____ State _____ Zip code _____

Host council staff adviser _____

Daytime phone number _____ Email _____

Is this a cluster (Regional) course? ☐ Yes ☐ No

In accordance with all national training procedures, authorization is requested to conduct a course as indicated above. Host council agrees that staff, equipment, and facilities will meet the high standards and expectations set by the National Sea Scout Committee along with strict adherence to the correct current materials - Administrative Guide, instructor materials (syllabus), etc.

Course location _____ City/state _____ Zip code _____

Dates _____ Cost _____

The following names are submitted as candidates for course director and backup course director.

Course director

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Current Scouting position _____

Backup course director

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Current Scouting position _____

Staff Experiences List experiences for selected course, most recent first.			
Course	Position	Month/Year	Location

Staff Experiences List experiences for selected course, most recent first.			
Course	Position	Month/Year	Location

- This application must be submitted at least 270 days in advance of the proposed course date. The Course Director must be confirmed as qualified by the Regional Seabadge Coordinator. Advance notice exceptions only per Administrative Guide.
- Submit a complete budget with this application.
- Attach a list of the names, e-mail addresses, and telephone numbers of all staff members for this proposed course.
- A Seabadge Course Director must have served as a crew guide in a prior Seabadge Course. There can be no exception.

Course Director Agreement

Recognizing that Seabadge is a national program and that in accepting this nomination as Course Director I will be representing the National Council, Boy Scouts of America, I enter into the following covenant:

1. I will present the content and activities in the current Seabadge Administrative Guide without additions, deletions, or shortcuts.
2. I will structure our staff as outlined in the Seabadge Administrative Guide, focusing on diversity and training skills. Staff members will pay their own way.
3. As outlined in the Seabadge Administrative Guide, I will file reports within the specified time frames.
4. Our course will be conducted in accordance with the aims and methods of the Boy Scouts of America. All staff members and students will be informed that:
 - a. Seabadge is a positive learning experience. The guiding principles are the Methods and Aims of the BSA.
 - b. We will create a positive learning environment at Seabadge and provide a setting where everyone should feel physically and emotionally secure. We will accomplish this in several ways:
 - We will set the example for others and ourselves by always behaving in a Scout-like manner. To the best of our abilities we will live the Sea Promise, Scout Oath and Law every moment of each day.
 - We will refuse to tolerate any kind of bullying, put-down, name-calling, or physical aggression.
 - We will communicate our acceptance of each participant and each other whenever possible through expressions of concern and by showing our appreciation.
 - We will create an environment based on learning and fun. We will seek the best from each participant and do our best to help each person achieve it.

I will wear The Official Sea Scout Uniform as described in the Sea Scout Manual.

For attending Seabadge who are not registered in the Sea Scout program will wear the appropriate Scout uniforms for their Scouting position.

I will not copy or electronically reproduce any part of this document without the written permission of the National Seabadge Coordinator.

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Course Director Applicant (print or type name)

Signature

Date

Host Council

Council training chairman (print or type name)

Signature

Date

Scout executive (print or type name)

Signature

Date

NOTE: Host council sends original request to the office of the National Seabadge Coordinator at seabadge@seascout.org.

Area/Region/National Approval

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

- If the course is approved, supplies and materials to conduct this course will be sent to the Course Director.
- Approval to hold a Seabadge or SEAL course usually comes from the Regional Training Coordinator. However, the National Seabadge Coordinator and National Commodore can review and reject an approval if the information and experience does not meet the standards set forth in the current syllabus.

National Seabadge Coordinator (or representative)
(print or type name)

Signature

Date

For National Use Only
Course Number Assigned