



# TORCH OF GOLD AWARD Nomination Form



## Purpose

The Torch of Gold is a council-level distinguished award of the Boy Scouts of America to recognize adults for exceptional service and leadership working with Scouts who have disabilities.

## Guidelines

- Each council may recognize one Scouter per year with the Torch of Gold Award.
- Completed nomination form must be submitted to the council Special Needs or Disabilities Awareness committee, or its designee, according to council procedures and deadline.
- The nominee shall:
  - a. Be currently registered with the Boy Scouts of America.
  - b. Have a least three years of service in any Scouting leadership capacity related to Cub Scouts, Scouts BSA, Venturers and/or Sea Scouts with disabilities, including educating other Scouters about disabilities and working with youth who have disabilities.
  - c. Have completed all activities related to Scouts with disabilities on a strictly volunteer basis.
- A Scouter may only receive this award once.
- Presentation should be made at the council annual recognition dinner, district recognition dinner, or appropriate Scouting event.
- The Scout Executive must approve the recipient.

The Torch of Gold certificate, No. 33733, is available through the [Scout Shop](#).

## Nominee

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

District \_\_\_\_\_

## Person completing nomination

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Council \_\_\_\_\_ Scout Executive signature \_\_\_\_\_

**1. History.** Provide a brief profile of the applicant's **service to BSA members with disabilities.** List Scouting positions held and the number of Scouts with disabilities served while holding each position.

If an additional sheet is needed, label it as follows: *1. History of Service to Scouts With Disabilities (continued).*

Current Position	Dates of Service	No. of Youth With Disabilities Served
_____	_____	_____

Previous Positions	Dates of Service	No. of Youth With Disabilities Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. BSA Recognitions and Awards.** List honors, recognitions, or awards received from the BSA for the nominee's **service to BSA members with disabilities.**

If an additional sheet is needed, label it as follows: *2. BSA Recognitions and Awards (continued).*

Level (District, Council, National)	Name of Recognition or Award	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Contributions.** Provide a more detailed explanation of the **most outstanding contributions to BSA members who have disabilities,** and any other data that would have bearing on the nominee's qualifications for the Torch of Gold Award.

**Please do not send elaborate presentation pieces with attachments.  
Judging is based only on the nomination form and one or two additional information sheets.**

