DEN CHIEF TRAINING

Recommendation Form

B.S.A. • CAPITOL AREA COUNCIL

SCOUTING AMERICA
CAPITOL AREA COUNCIL

Upon registration, complete and sign the recommendation form and bring it to the training.

I would like to serve as Den Chief for the following Den Leader:

**If you are not committed to serve with a specific Den Leader, the Course Director will identify Packs in need of a Den Chief.*

Name: _____ **Den:** _____

Pack: _____ **Phone:** _____

I am available to serve: (mark as many as apply; you will serve on one of these days)

After School: ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

Evenings: ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

I have transportation: ☐ Yes ☐ No **How often I can serve:** ☐ Weekly ☐ Every other week

I really enjoy helping teach: (check as many as you wish)

☐ Ceremonies	☐ Games	☐ Nature	☐ WEBELOS
☐ Citizenship	☐ Knife Safety	☐ Sports	☐ Camp Cooking
☐ Crafts	☐ Knots	☐ Skits	☐ Outdoor Skills

I know that a Den Chief is a leadership position and I am ready to serve to the best of my ability.

Scout Signature

I have reviewed this form with my Scout.

Parent or Guardian Signature

I have reviewed this form with this Scout.

Scoutmaster Signature