Application for the Simon Kenton Council

COMMISSIONER CREST OF SERVICE AWARD
UNIT COMMISSIONER

Name _____

Address _____

City _____ State _____ Zip _____

District _____ Date submitted _____

Office Use Only

Date Received: _____

Patch Awarded: _____

Certificate & Pin: _____

Service Pin Year: _____

Unit Commissioners:

_____ Recharter 90% or more of assigned units on time.

_____ 50% of assigned units qualify as Quality Units; or have an increase in Quality Units over the previous year.

_____ Visit each assigned Chartered Organization or unit at least six (6) times a year.

Assigned Unit	Quality Unit?	Date Visited	Date Visited	Date Visited	Date Visited	Date Visited	Date Visited

Totals

Number of Quality Units Last Year: _____

Approved by: _____ Date: _____

District Commissioner