

Lion Scout Pilot Program Request for Approval

By completing this request for approval our pack commits (IF DETERMINED QUALIFIED) to pilot the Lion Scout program for the 2017-2018 program year (August-July) in the manner outlined by the Great Rivers Council and the Boy Scouts of America so that accurate data can be compiled to determine feasibility of the Lion program moving forward. Packs that were approved for 2016-2017 need not apply again.

Pack # _____

Cubmaster Name: _____

Cubmaster E-mail: _____

Cubmaster Phone: _____

NOTE: Do not let these criteria as written persuade you from requesting approval. We are using these as a baseline.

Requests for Approval are **DUE NO LATER THAN JULY 1, 2017 TO YOUR DISTRICT EXECUTIVE TO REVIEW BEFORE THEY SUBMIT IT TO THE COUNCIL FOR APPROVAL.** Units will be notified by July 7 of their approval status.

What level of JTE did your unit finish 2016 in (circle 1): Bronze Silver Gold Did not qualify

Qualifying Criteria Checklist based on JTE (Silver level)---

Program Planning and Budgeting	Have an annual program plan and budget adopted by the pack committee and committee meets at least 6 times per year to review.	<u>Yes or No</u>
Youth Retention	65% youth retention (youth on 2016's re-charter compared to 2015's re-charter).	<u>Yes or No</u>
Outdoor Activities	Provide at least 4 outdoor activities per year.	<u>Yes or No</u>
Day/Resident Camp Participation	Anticipated 50% pack attendance at day camp or resident camp or 33% and an increase over last year (2016)	<u>Yes or No</u>
Leader Training	Have ample unit leadership for quality programming with 100% Youth Protection trained and Cubmaster and all Den Leaders completed leader specific training or completed by 8/1/17.	<u>Yes or No</u>
Youth Membership	Serving 20% of the total available youth or have a pack size of 27.	<u>Yes or No</u>

of registered youth in Pack _____

of registered adult leaders in Pack _____ (including Cubmaster and Asst. Den Leaders and Asst., Committee Chair, Committee Members)

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District Leadership Comments/Recommendations (*mandatory section for district leadership to complete*)

Great Rivers Council Approval: Yes or No (circle one)

Council Representative Signature: _____ **Date:** _____

Additional Comments: