



**REQUEST FOR AUTHORIZATION TO CONDUCT A NATIONAL TRAINING COURSE**

**Course will be held in**

2011     2012

**Course Type Requested**

**Wood Badge**



**NYLT**



**Powder Horn**



**Host Council** \_\_\_\_\_ **Host Council No.** \_\_\_\_\_ **Region** \_\_\_\_\_ **Area** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Host Council Staff Advisor** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Type of Course**     Weeklong     Two-Weekend    **Is this a Cluster Course?**     Yes     No

*In accordance with all National Training procedures, authorization is requested to conduct a course as indicated above. Staff, equipment and facilities must meet the high standards and expectations set by the National Volunteer Development Committee along with strict adherence to the correct course syllabus.*

**Course Location** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Dates**    Weeklong \_\_\_\_\_    Weekend # 1 \_\_\_\_\_ & Weekend # 2 \_\_\_\_\_

*The following names are submitted as candidates for Course Director and Assistant Course Director. If approved, each will receive an invitation to attend the required Course Development Conference.*

**Course Director**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Current Scouting position \_\_\_\_\_

**Assistant Course Director** (or back-up Course Director)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Current Scouting position \_\_\_\_\_

NYLT/PH/WB-21 <sup>st</sup> Century Staff Experiences (Most recent first)			
Course # and/or Type	Position	Month/Year	Location

NYLT/PH/WB-21 <sup>st</sup> Century Staff Experiences (Most recent first)			
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Training		
Course	Location	Month/Year
CDC		
Trainer's EDGE		
Other		

Training		
Course	Location	Month/Year
CDC		
Trainer's EDGE		
Other		

**For Cluster Courses Only**

The following councils have been contacted and have agreed to provide participants and staff members:

Council Name	Council No.	Council Contact Name (For this course)	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Host Council approval**

_____	_____	_____	_____
Council Training Chairman	(Print or Type Name)	(signature)	Date
_____	_____	_____	_____
Scout executive	(Print or Type Name)	(signature)	Date

**NOTE:** Host Council Staff Advisor must send original request to their Area Training Chairman. If unknown or position is vacant send to the Area Director.

**Area approval**

This course  Is or  Is not approved

-  If approved, supplies and materials to conduct this course may be ordered.
-  If not approved, the Area Training Chairman along with the Area Director should contact the host council requesting corrections, status or leadership changes.

_____	_____	_____
Area Training Chairman (or Regional Representative)	(Print or Type Name)	(signature) Date

**Submit request to the National Council, BSA**

**NOTE:** Area Training Chairman must mail original request (or email a scanned PDF File) to the National Volunteer Development Team, in either case, copy the Host Council Staff Advisor and Area Director.



**Volunteer Development**  
 Boy Scouts of America  
 1325 West Walnut Hill Lane  
 P. O. Box 152079  
 Irving, Texas 75015-2079  
[nationaltrainingcourse@scouting.org](mailto:nationaltrainingcourse@scouting.org)

**National Volunteer Development Team Use Only**

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