

Lion Pilot Program Application

Submit to erin.straw@samoset.org by May 31, 2016

Cub Scout Pack # _____

If selected to participate in the Lion Pilot Program our pack agrees to the following:

- ☐ Our Lion Guide will be an experienced adult leader who has completed Youth Protection training and is currently not the Cubmaster, Committee Chair, or a Den Leader. If a Lion Guide has already been selected please provide their name and contact information:

Lion Guide Name: _____

Phone Number: _____ Email Address: _____

- ☐ Our Lion Guide will complete Lion Guide training by August 15, 2016.
Note: Packs will be notified by July 1 if they have been selected to participate in the pilot program, and at that time will be given all additional details about implementing the program, including information about Lion Guide training.
- ☐ Our pack has a quality year-round program planned at least one year in advance. We agree to submit our pack's 2016-2017 program calendar and budget plan by August 1, 2016.
Note: Your district executive is excited to help you with annual program planning.
- ☐ Our pack will collect and share results of the program with the Samoset Council and BSA as requested throughout the pilot program, including attendance of Lions at meetings.
- ☐ The Lion program will be delivered as designed to ensure accurate feedback.
- ☐ Our pack will not include Lions in our fundraising efforts.
- ☐ Our Cubmaster and den leaders have completed basic leader training for their positions. Please list these leaders below and indicate the training they have completed. If all leaders are not currently trained in their position, what is the plan to achieve this by August 31, 2016?

Cubmaster: _____	<input type="checkbox"/> Youth Protection	<input type="checkbox"/> Cubmaster Position-Specific
Tiger Den Leader: _____	<input type="checkbox"/> Youth Protection	<input type="checkbox"/> Den Leader Position-Specific
Wolf Den Leader: _____	<input type="checkbox"/> Youth Protection	<input type="checkbox"/> Den Leader Position-Specific
Bear Den Leader: _____	<input type="checkbox"/> Youth Protection	<input type="checkbox"/> Den Leader Position-Specific
Webelos Den Leader: _____	<input type="checkbox"/> Youth Protection	<input type="checkbox"/> Den Leader Position-Specific
AoL Den Leader: _____	<input type="checkbox"/> Youth Protection	<input type="checkbox"/> Den Leader Position-Specific

Pack Committee Chair Signature: _____ Date: _____

Cubmaster Signature: _____ Date: _____