

OA Youth Unit Election Form

Council and Unit Information

Council Name: Old Hickory Lodge Name and Number: Wahissa #118 District: _____ Chapter: _____

Unit Type and Number: _____ Week Unit Attends Camp: _____

Unit Leader Name: _____ Unit Leader Phone Number: _____

Unit Leader Email Address: _____

Youth Order of the Arrow Unit Representative: _____

Date of Unit Election: _____ Number of Youth on Unit Charter: _____

Note: At least HALF of registered active youth MUST be present for the unit election to be completed.

Total Number of Youth Present at Unit Election: _____ Number of Youth Eligible: _____

Number of Ballots Submitted: _____ Number of Votes Required to be Elected: _____

Number of Youth Elected: _____ Number of Adults Eligible for Election: _____

Youth Eligibility Requirements

- Be a registered member of either a Scouts BSA Troop, Venturing Crew, or Sea Scout Ship.
- After registration with the unit, have experienced fifteen (15) days/nights of Troop/Crew/Ship camping in the two-year period prior to the election. The fifteen (15) days/nights must include one, but no more than one, long-term camp consisting of six (6) consecutive days/nights of resident camping, approved under the auspices of the Boy Scouts of America. The rest of the camping must be overnight, weekend, or other short-term camping. **Due to COVID-19, any Virtual Camping will count and long-term camping can count more than once.**
- Youth must be under the age of twenty-one (21); hold either the Scouts BSA First Class Rank, the Venturing Discovery Award, or the Sea Scout Ordinary Rank OR HIGHER depending on the approval of the unit leader; and be elected by the youth members of the unit.

Authorizing Signatures

I certify the above youth members are eligible and approve them as nominees for election. I understand that the election results* will be final for this election season and no changes can be made to the outcome.

Unit Leader Signature: _____ Date: _____

I certify that the Unit Elections Team for this selection was trained and executed a fair Unit Election.

Chapter Vice Chief of Inductions Signature: _____ Date: _____

Chapter Chief Signature: _____ Date: _____

Chapter Advisor Signature: _____ Date: _____

Names of Those Serving on the Unit Elections Team for this Unit Election

1.	2.	3.
4.	5.	6.
7.	8.	9.

*If no youth are elected, you may hold another unit election **THAT NIGHT**.

Use additional forms stapled together if needed for a larger unit.

Eligible Youth

Write the names—FIRST and LAST—of the eligible youth BEFORE the election. Check the box beside their name ONLY if they are elected.

Name	Rank	Elected?	Name	Rank	Elected?

Elected Youth Personal Information

Please include the parent's phone number and/or email address if desired, and attach multiple pages if needed.

PLEASE WRITE AS NEATLY AS POSSIBLE.

Full Name <i>First/Last Name; Middle Initial</i>	Date of Birth	Physical Address <i>Street Address, City, State, Zip Code</i>	Phone #	BSA ID #	Email Address