

# Scouter Scoutmaster Conference

Scout Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Checklist for knowledge of requirements to attain rank of Scouter

Requirements	Proficient	Needs work
<input type="checkbox"/> PROPERLY DRESSED		
<input type="checkbox"/> MEET AGE REQUIREMENTS. BE A BOY WHO HAS COMPLETED THE FIFTH GRADE OR IS 11 YRS OLD, OR HAS EARNED THE ARROW OF LIGHT AWARD BUT IS UNDER 18 YRS OLD.		
<input type="checkbox"/> COMPLETE A BOY SCOUT APPLICATION AND HEALTH HISTORY SIGNED BY YOUR PARENT OR GUARDIAN		
<input type="checkbox"/> FIND A SCOUT TROOP NEAR YOUR HOME		
<input type="checkbox"/> REPEAT THE PLEDGE OF ALLEGIANCE		
<input type="checkbox"/> DEMONSTRATE THE SCOUT SIGN, SALUTE, AND HANDSHAKE		
<input type="checkbox"/> DEMONSTRATE TYING THE SQUARE KNOT (a joining knot)		
<input type="checkbox"/> UNDERSTAND AND AGREE TO LIVE BY THE SCOUT OATH OR PROMISE, LAW, MOTTO, SLOGAN, AND THE OUTDOOR CODE		
<input type="checkbox"/> DESCRIBE THE SCOUT BADGE		
<input type="checkbox"/> COMPLETE THE PAMPHLET EXERCISES		
<input type="checkbox"/> WITH YOUR PARENT OR GUARDIAN, COMPLETE THE EXERCISES IN THE PAMPHLET "HOW TO PROTECT YOUR CHILDREN FROM CHILD ABUSE: A PARENTS GUIDE"		
<input type="checkbox"/> PARTICIPATE IN A SCOUTMASTER CONFERENCE		
<input type="checkbox"/> TURN IN YOUR BOY SCOUT APPLICATION		
<input type="checkbox"/> PAY YOUR DUES		
<input type="checkbox"/> TURN IN A CLASS 3 HEALTH MEDICAL FORM SIGNED BY YOUR PHYSICIAN		
<input type="checkbox"/> PARTICIPATE IN ONE TROOP MEETING		
<input type="checkbox"/> PARTICIPATE IN ONE TROOP OVERNIGHT CAMP-OUT		
<input type="checkbox"/> PARTICIPATE IN A SCOUTMASTER CONFERENCE		
<input type="checkbox"/> NAME THE FOLLOWING FROM THE TROOP: (not required)		
<input type="checkbox"/> -Scoutmaster		
<input type="checkbox"/> -At least one Assistant Scoutmaster		
<input type="checkbox"/> -Senior Patrol Leader		
<input type="checkbox"/> -At least one Assistant Senior Patrol Leader		
<input type="checkbox"/> -Junior Assistant Scoutmaster (if applicable)		
<input type="checkbox"/> -Your Patrol Leader		
<input type="checkbox"/> -Your Assistant Patrol Leader		
<input type="checkbox"/> -Troop Guide		
<input type="checkbox"/> -OA Representative		
<input type="checkbox"/> -Scribe		
<input type="checkbox"/> -Librarian		
<input type="checkbox"/> -Historian		
<input type="checkbox"/> -Quartermaster		
<input type="checkbox"/> -Bugler		
<input type="checkbox"/> -Chaplains Aide		
<input type="checkbox"/> WHY DID YOU JOIN BOY SCOUTS?		
<input type="checkbox"/> WHAT ARE YOUR GOALS IN SCOUTING?		