



## 2019 VIGIL HONOR NOMINATION FORM

Each year, the Lodge strives to recognize its most worthy member with the Vigil Honor. Selections are made with great care, and only after thorough consideration of the possible candidates. This nomination form has been designed to make this process clearer and easier. Please carefully complete this form with the information that best describes the nominee as a Vigil Honor candidate. As noted in the Order of the Arrow Handbook.

“The Vigil Honor is a high mark of distinction and recognition reserved for those Arrowman who, by reason of exceptional service, personal effort and unselfish interest, have made distinguished contributions beyond the immediate responsibilities of their positions or office to one or more of the following: their Lodge, the Order of the Arrow , Scouting, or the Scout camp. Under no circumstance should tenure in Scouting or the Order Of the Arrow be considered as reason enough for a Vigil recommendation “

Any registered member of the Northern Star Council can nominate any member of the Lodge, provided that the nominee:

- Is currently registered in some capacity with the Northern Star Council
- Is an active (current dues paid) member of the Lodge
- Has completed two years as a Brotherhood member as of February 1<sup>st</sup> of the year in which they were nominated

Please only nominate those individuals you feel have provided **exceptional service** and has made **distinguished contributions** beyond their immediate responsibilities or position.

The submission of the completed form do not in any way guarantee that the nominee will be selected. Selections and final approval of all candidates rest with the Lodge Vigil Selection Committee and the National Order of the Arrow Committee. To avoid any possible disappointment, do not inform the nominee in any way of your submission on his or her behalf.

Any Arrowman who were nominated in previous years must be re-nominated to be considered this year. Only the current year’s nomination form will be considered. Please print clearly or type. No weight is given to multiple submissions for the same candidate. Submitted forms will not be returned; make a copy for your records if desired. No extra pages or material may be attached to the nomination form, except a recent photo of the candidate (if available Only add information in the spaces provided, do not write information of the back of the pages. **All nominations must be signed off by the Chapter Leadership.**

Please deliver all forms to your Chapter’s Leadership for comments and signature no later than your **January Chapter Meeting.**

Chapter Leadership – Forms must be turned to Ryan McDonald no later than the LEC on **January 17<sup>th</sup>, 2019.** To be considered all forms must be hard copies or online submissions and received by this deadline.

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## 2019 Vigil Honor Nomination Form

**Nominee Information:**

Name – First, mi, last: \_\_\_\_\_ Date of Birth –mm/dd/yyyy \_\_\_\_\_

Nickname – if any \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Chapter: \_\_\_\_\_ Register BSA Position and unit: \_\_\_\_\_

Date of Ordeal: \_\_\_\_\_ Date of Brotherhood: \_\_\_\_\_

Youth/ Adult: \_\_\_\_\_

**Record of distinguished service-** please complete the following:

Nominee’s distinguished service to the Lodge, Chapter, Order of The Arrow Section, Region or National, to Scouting and or to Scouting camps

**Overall summary of reasons for nomination:**

**Suggested Vigil Honor Name:** Nominator or Chapter leadership must supply a Vigil name for the nominee. The name must be in the Lenni Lenape language. The OA handbook is a reference for this, pages 99-108. All names must fit in the 34 spaces provided for both the Lenni Lenape and English versions of the name, including spaces.

**Lenni Lenape name:**

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**English translation of name:**

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**Nominator contact information-** all information must be provided

Name: \_\_\_\_\_ Registered position in Northern Star \_\_\_\_\_

Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**Chapter leadership comments- required** (other than nominator)

Name of person making comments: \_\_\_\_\_ Position in Chapter \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Office use only

NSC Reg \_\_\_\_ Dues Paid \_\_\_\_ Verify Brotherhood \_\_\_\_ Ordeal as: youth/adult Date received \_\_\_\_\_