

Application for the Simon Kenton Council
COMMISSIONER CREST OF SERVICE AWARD
ASSISTANT DISTRICT COMMISSIONER

| | |
|-------------------------------------|--------------------------|
| Name _____ | <u>Office Use Only</u> |
| Address _____ | Date Received: _____ |
| City _____ State _____ Zip _____ | Patch Awarded: _____ |
| District _____ Date submitted _____ | Certificate & Pin: _____ |
| | Service Pin Year: _____ |

Assistant District Commissioners:

_____ Meet 80% of the Unit Commissioner criteria in his/her assigned area:

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| <u>Unit Commissioner Criteria</u> |
| _____ Recharter 90% or more of assigned units on time. |
| _____ 50% of assigned units qualify as Quality Units; or have an increase in Quality Units over the previous year. |
| _____ Visit each assigned Chartered Organization or Unit at least six (6) times per year. |

Number of Units in assigned area: _____

Number of On-time Recharterers: _____

Number of Quality Units: _____

Number of Quality Units last year: _____

Number of Unit/C.O. visits _____

Approved by: _____

District Commissioner

Date: _____