

# Request for Authorization to Conduct a Wood Badge Course in the Southern Region

**From:** \_\_\_\_\_ Council, No. \_\_\_\_\_ Area \_\_\_\_\_

Headquarters city \_\_\_\_\_

**To:** Regional Director, Southern Region, BSA, (via Program Area Director)

Type of Course: ☐ Cluster (or) ☐ Local Council ☐ Weeklong (or) ☐ Two-weekend

In accordance with the Southern Region Wood Badge Training procedures, authorization is requested to conduct a Wood Badge course as indicated above.

Course location: \_\_\_\_\_

Dates: Weeklong \_\_\_\_\_ (or) Weekend # one \_\_\_\_\_ & Weekend # two \_\_\_\_\_

Equipment and facilities will meet the high standards/expectations of Wood Badge. We will use the 21<sup>st</sup> century syllabus. The following names are submitted as candidates for Course Director and back-up Course Director. Those listed below, will receive invitations to the required regional Course Directors Conference.

**Note: Under WB Staff Experience - Indicate Type: Boy Scout Leader (BSLWB) –Cub Scout Trainer (CSTWB) –21<sup>st</sup> Century (21<sup>st</sup>)**

## Course Director

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Current scouting position \_\_\_\_\_

## Back-up Course Director

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Current scouting position \_\_\_\_\_

## 21<sup>st</sup> Century WB Staff Experiences (most recent first)

Course No.	Assignment	Type	Year	Location

## Other WB Staff Experiences


## Training

Course	Assignment	Year
Basic Leader Training		
Trainer Development Conference		
Other		
Other		

## 21<sup>st</sup> Century WB Staff Experience (most recent first)

Course No.	Assignment	Type	Year	Location

## Other WB Staff Experiences


## Training

Course	Assignment	Year
Basic Leader Training		
Trainer Development Conference		
Other		
Other		

(Over)

**If cluster course:** The following councils have been contacted and have agreed to provide participants and staff members.

Council \_\_\_\_\_ No. \_\_\_\_\_

Council \_\_\_\_\_ No. \_\_\_\_\_

Council \_\_\_\_\_ No. \_\_\_\_\_

Council \_\_\_\_\_ No. \_\_\_\_\_

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**Host council approval:** (signed) \_\_\_\_\_ Date \_\_\_\_\_  
Host Council Training Chairman

(signed) \_\_\_\_\_ Date \_\_\_\_\_  
Host Council Scout Executive

**Area approval** (program): We have reviewed this request and recommend the course \_\_\_\_ be approved (or) \_\_\_\_ not be approved. (If not approved, the area director should contact the host council requesting corrections, status or leadership changes).

(signed) \_\_\_\_\_ Date \_\_\_\_\_  
(Area Wood Badge Coordinator)

(signed) \_\_\_\_\_ Date \_\_\_\_\_  
(Area Director – Program)

### ACTIONS BY REGION SERVICE CENTER

This course \_\_\_\_ is (or) \_\_\_\_ is not\* approved. (If approved, supplies and materials to conduct this course may now be ordered).

(signed) \_\_\_\_\_ Date \_\_\_\_\_  
Associate Regional Director/Program

(signed) \_\_\_\_\_ Date \_\_\_\_\_  
Regional Director

*Region-assigned Course Number* \_\_\_\_\_

Maintain a copy for your record and then  
Submit original request to:

Host Council Area Director

The Area Director will route the original to:  
Volunteer Area Wood Badge Coordinator  
Regional Service Center  
Host Council Professional Advisor

\*See attached letter of explanation