**7th District Checklist for Auxiliarists Organizing Shore Side Training of Sea Scouts**

This checklist is intended to ensure compliance with the guidelines for shore side training of Sea Scouts. The organizer of the activity should complete the checklist and provide it to their flotilla commander before engaging in training or other activities with youth.

Training location: Training Date:

Flotilla No. Activity organizer:

Scout/Cadet unit: Point of contact:

Date: Initials: Description:

 1. The nature of the shore side training to be conducted is as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

 2. The following participating Auxiliary members have completed the required training to train Sea Scouts and have registered as merit badge counselors (attach checklists for Auxiliarists participating, if available):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member Name | EMPLID | OFFICE | TrainingCompl. Date | ScoutnetUser Name |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Attach additional names and information as appropriate)

 3. Assignment to Duty Orders for the participating Auxiliary members were requested and approved for the above date (attach copy).

 4. The following registered adult leaders and Scouts will be participating in the activity and have provided the required liability release form (attached):

|  |  |  |  |
| --- | --- | --- | --- |
| Scout/Cadet Name | Unit | Rank | Liability ReleaseDated |
|  |  | Adult Leader |  |
|  |  | Adult Leader |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Attach additional names and information as appropriate)

Date: Initials: Description:

 5. The Scout Council issued a Local Tour Permit for the above activity and

Date (Sea Scout training only - attach copy).

 6. The required number of registered adult leaders (2 adult leaders for 1-15 scouts, 1 additional adult leader for each additional 7 scouts) will be present through out the training.

I have reviewed this checklist and am satisfied that the training activity described above meets the requirements of the Guideline for Shore Side Training of Sea Scouts.

Flotilla Commander: Date:

Flotilla Number: \_\_\_\_\_\_\_\_\_\_\_\_