



Manitoba Council Queen's Venturer Award Confirmation Form



RECIPIENT'S INFORMATION

Name: _____

Parent (Guardian) Name: _____

Address: _____ City: _____ Postal Code: _____

Venturer Company: _____ AREA: _____

Age: _____ Date of Birth: _____ Telephone: _____ E-mail: _____

Parent (Guardian) (address if different from above)

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Company Advisor Information

Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-mail: _____

SECTION B - ENDORSEMENTS

1. COMPANY. This certifies that to the satisfaction of the _____ Venturer Company, the applicant has completed **all** requirements of the Queen's Venturer Award.

Company President: _____ Date: _____

2. ADVISOR. I endorse this application and support the recommendation of the Venturer Company. The applicant has completed **all** the requirements of the Queens Venturer award

Advisor: _____ Date: _____

3. AREA COMMISSIONER. I endorse this application for the Queen's Venturer Award.

Commissioner: _____ Date: _____

*The Area Commissioner may choose to conduct an interview with the applicant to do the assessment of the program and the youth's likes/dislikes—the goal being improvement of the program. This interview is **NOT** a requirement and does **NOT** constitute approval or disapproval of the award*

Please describe the most significant experience while earning this award:

NOTES

1. This application will not be processed unless it is entirely completed.
2. Please print, making sure all information is legible and the spelling of the scout's name is correct and as it is to appear on the certificate.
3. This application must be returned to the SCOUTS CANADA Manitoba Council Administrative Centre 395 Stafford St, Winnipeg, MB, R3M 2X4 no later than January 30th to ensure the youth's participation in this year's ceremony held at the end of February.