

# PROGRAM (Continued)

Check if Planned in Next 12 Months	Name of Volunteer(s) Who Will Carry Out Tasks	Total Volunteers Needed to Perform Tasks
<input type="checkbox"/>	Pack, Team, Troop, and Crew Advancement Program	_____
<input type="checkbox"/>	Lifesaving Awards	_____
<input type="checkbox"/>	Merit Badge Counselor Directory	_____
<input type="checkbox"/>	District Awards	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Advancement and Recognition Subtotal Needed \_\_\_\_\_

## Recommended Training Tasks

<input type="checkbox"/>	Cub Scout Leader Basic Training	_____
<input type="checkbox"/>	Scoutmastership Fundamentals Training	_____
<input type="checkbox"/>	Varsity Scout Leader Basic Training	_____
<input type="checkbox"/>	Venturing Leader Basic Training	_____
<input type="checkbox"/>	Advanced Unit Leaders' Training	_____
<input type="checkbox"/>	District Volunteers	_____
<input type="checkbox"/>	Maintain Training Records	_____
<input type="checkbox"/>	Supplemental Training	_____