



**GOLDEN GATE AREA COUNCIL
BOY SCOUTS OF AMERICA**

ON MY HONOR TRAINING REPORT

DISTRICT: _____

UNIT TYPE: PACK TROOP TEAM CREW

UNIT NUMBER: _____ REGISTERED POSITION: _____

NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

CUB SCOUT LEADER POSITIONS	TRAININGS	DATE TAKEN
All Registered Positions	Youth Protection Y01	
Cubmaster and Assist. Cubmaster	Cubmaster Specific	
Webelos and Assist. Webelos Leader	Webelos Leader Specific	
Den and Assist. Leader	Den Leader Specific	
Tiger Cub Leader	Tiger Cub Leader Specific	
Pack Trainer	Pack Trainer Leader Specific	
Pack Trainer	Pack Committee Specific	
Committee Chairman/Member	Pack Committee Specific	

BOY SCOUT LEADER POSITIONS	TRAININGS	DATE TAKEN
All Registered Positions	Youth Protection Y01	
Scoutmaster and Assist. Scoutmaster	Scoutmaster Leader Specific	
Scoutmaster and Assist. Scoutmaster	Intro to Outdoor Leader Skills	
Committee Chairman/Member	Troop Committee Challenge	

VARSITY TEAM LEADER POSITIONS	TRAININGS	DATE TAKEN
All Registered Positions	Youth Protection Y01	
Varsity Coach and Assist. Coach	Varsity Coach Leader Specific	
Varsity Coach and Assist. Coach	Intro to Outdoor Leader Skills	
Committee Chairman/Member	Troop Committee Challenge	

VENTURING CREW LEADER POSITIONS	TRAININGS	DATE TAKEN
All Registered Positions	Youth Protection Y02	
Venturing Advisor	Venturing Advisor Specific	
Assistant Venturing Advisor	Venturing Advisor Specific	
Committee Chairman/Member	Venturing Advisor Specific	

Please email the completed report the Council Registrar. If you have any questions please contact the Council Registrar at 925-674-6100.

OFFICE USE ONLY
DATE POSTED: _____