

Information

- An interpreter strip application can be approved only by a registered interpreter strip counselor.
- You must have an adult with you at each meeting with the interpreter strip counselor. Otherwise, you must follow the 'visible space SM conference rule.
- Turn in your approved application to your unit leader. You will be awarded the interpreter strip emblem and certificate at a suitable occasion.

Information for Counselor

- Interpreter strip applications must be signed in advance by the applicant's unit leader.
- The Scout must have another adult in attendance at all instructional sessions (2-deep leadership rule).
- You may not change any requirement, but you may share your knowledge or experience that will make the counseling more interesting and valuable.

Golden Gate Area Council

	Counselor initial	Date of Approval	Requirement
1.			Carrying on a five-minute conversation in this language.
2.			Translating a two-minute speech or address.
3.			Writing a letter in the language (does not apply for sign language).
4.			Translating 200 words from the written word.

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APPLICATION FOR INTERPRETER STRIP

Name _____

Address _____

City _____

Is a registered Cub Scout Boy Scout
 Varsity Scout Sea Scout Venturer

of _____ No. ____
 Pack, troop, team, crew, ship

District _____

Council _____

and is qualified to begin working for the interpreter strip noted on the reverse side.

_____ Date _____ Signature of unit leader



BOY SCOUTS OF AMERICA®

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The applicant has personally appeared before me and demonstrated to my satisfaction that s/he has met all requirements for the following Interpreter Strip

Please Print

Name of Counselor

Address of Counselor

City Zip Code
()

Telephone number of counselor

Signature of counselor Date

Checked and recorded:

Date Initials

Certificate and emblem presented ____/____/____
Date

Applicant will turn in this portion to his unit leader for record posting.

The applicant has personally appeared before me and demonstrated to my satisfaction that s/he has met all requirements for the following Interpreter Strip

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APPLICANT'S RECORD

Name _____

has given me his completed application for the

Interpreter Strip

Completed on ____/____/____ by
Date

Signature of counselor

Signature of unit leader

**NOTE TO CUB SCOUT, BOY SCOUT, VARSITY SCOUT, SEA SCOUT, OR VENTURER:
Retain this copy for your permanent records**

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COUNSELOR'S RECORD

Applicant _____

- Pack
- Troop Unit number _____
- Team
- Crew
- Ship

Interpreter Strip

Date completed ____/____/____

Remarks:

It is suggested that the counselor keeps this record for at least 1 year in case any question is raised later about this award.

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Applicant _____

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