

**Susquehanna Council Award Counselor Application
Mile Swim BSA Award**

Submit to Chair, Council Advancement Committee or Council Service Center

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Email Address: _____

Qualifications {as required in BSA Aquatics Supervision Guide}
Check and provide info for all that apply.

A. Instructor qualification (at least one required):

BSA Aquatics Instructor

Date completed training: _____

Red Cross Water Safety Instructor

Date completed certification: _____ Expiration date: _____

YMCA Swim Instructor.

Date completed certification: _____ Expiration date: _____

Swim coach with a Scouting background

Describe your swim coaching experience (who, what, where, when):

Describe your Scouting background:

B. Other

Safe Swim Defense training (required)

Date completed training: _____

Signature: _____

Date signed: _____

Approved by Council Advancement Committee: _____ Yes _____ No

Name: _____

Date: _____