

**Susquehanna Council Award Counselor Application  
Snorkeling 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: \_\_\_\_\_

Snorkeling Instructor Certification from PADI, NAUI, SSI, or RSTC member organizations

Certifying organization: \_\_\_\_\_

Date completed certification: \_\_\_\_\_

Expiration date of certification: \_\_\_\_\_

B. Other

Safe Swim Defense training (required)

Date completed training: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Approved by Council Advancement Committee: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_

Date: \_\_\_\_\_