

Name: _____ Patrol: _____ Home Troop/Crew: _____

Email Address: _____

Leadership Improvement Verification IT!

Part I: Personal Vision (Possible suggestions for this vision are personal and academic related.)

My personal vision is: _____

SMART Goals

Set three goals that will help you to reach your vision. Be sure that each goal meets the SMART goal test (Specific, Measurable, Attainable, Relevant, and Timely). These are your specific goals that will help you to achieve your **vision**.

1. _____
_____ SMART goal

2. _____
_____ SMART goal

3. _____
_____ SMART goal

Timeline

Create a timeline in which you can accomplish your goals. These are your *simple goals*, that will help you to reach your specific goals, that will help you achieve your **vision**. When creating your time line include the **when, where, and how**. Be specific, and include each step to keep you on track. (If additional steps are necessary, please attach or continue on back).

Step	When	Where	How

Name: _____ Patrol: _____ Home Troop/Crew: _____

Email Address: _____

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Part II: Troop/Patrol/Crew Vision (This vision is a “big picture” for your home troop/patrol/crew, which will be accomplished in three goals.)

My troop/crew vision is: _____

SMART Goals

Set four goals that will help you to reach your vision. Be sure that each goal meets the SMART goal test (Specific, Measurable, Attainable, Relevant, and Timely). These are your specific goals that will help you to achieve your **vision**.

1. _____

_____ SMART goal

2. _____

_____ SMART goal

3. _____

_____ SMART goal

4. _____

_____ SMART goal

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Part VI: Board of Review

Signature of Participants: _____

Signature of NYLT Participant: _____

Date of Board of Review: _____

Comments: _____

Once the entire LIV-IT document is complete, your Scoutmaster/Advisor can request your bolo from the Scout Office using the form below. The LIV-IT document is entirely your own and does not need to be turned in with the recognition application below. If you have any questions regarding this document, please email Mrs. Kathy Boyd at onmyonr@sbcglobal.net or Mr. Chris Dirr at tudorfan@att.net.

POTAWATOMI AREA COUNCIL **BOY SCOUTS OF AMERICA**
National Youth Leadership Training - NYLT
APPLICATION FOR RECOGNITION

(Participants's Name)

To my satisfaction, this Scout has successfully completed the evaluation phase of his leadership development training.

SCOUTMASTER/ADVISOR _____

TROOP/CREW: _____ PHONE: _____ DATE: _____

THIS FORM CANNOT BE SUBMITTED TO THE OFFICE BEFORE DECEMBER FIRST OF THE YEAR THE TRAINING WAS TAKEN. THE LIVIT MUST BE COMPLETE WITHIN 18 MONTHS (FROM DATE OF COURSE)

Name: _____ Patrol: _____ Home Troop/Crew: _____

Email Address: _____

Examples Questions for the Scoutmaster's/Advisors' Conference/ Board of Review

1. How has your experience at NYLT changed your outlook on scouting, particularly in holding a leadership position?
2. Describe two concepts that you learned during your week of training?
3. Explain your personal vision and share how working it through the LIV-IT process helped you to accomplish your vision.
4. In addition to leadership skills, what other lessons or skills did you take from the program?
5. Why do you feel it is important for youth members to participate in a program like NYLT?
6. If a fellow scout was interested in participating in NYLT, but was not quite sure it was something they wanted to do, what would you tell that scout about the program that might change their mind?