



LINCOLN HERITAGE COUNCIL, BSA 2017 CUB SCOUT JOB SPECIFIC TRAINING



EVERY BOY DESERVES A TRAINED CUB SCOUT LEADER!

Lincoln Heritage Council, requires ALL Direct Contact Leaders (Cubmasters, Den Leaders, and Assistants) to be TRAINED.

HOW CAN YOU BECOME A TRAINED CUB SCOUT LEADER?

1. YOUTH PROTECTION TRAINING – REQUIRED FOR ALL ADULT VOLUNTEERS 2. JOB SPECIFIC TRAINING (by position)
NOTE: Both Trainings can be taken online at www.myscouting.org – although it is highly recommended you attend a course. If completing online please make sure you follow the steps to create an account, use your member ID, and print any certificates of completion and provide to the Scout office.

2017 CUB SPECIFIC TRAINING SCHEDULE

The upcoming training dates are listed below. Each training is scheduled for 3 hours. Periodically there may be changes, so please visit our website www.lhcbbsa.org for additional details, updates, and online registration for these trainings and more!

<u>Course #</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>Codes</u>	<u>Contact</u>
1	10/28/17	9:00 AM (CT)	First Baptist Church, (230 J R Miller Blvd., Owensboro, KY 42303)	=438D	Randall.Mayfield@scouting.org
2	11/4/17	9:00 AM (ET)	Sam Swope Scout Center, (12001 Sycamore Station Pl, Lou, KY 40299)	=437	Alex.Hall@scouting.org

Cost \$5

Mail: Lincoln Heritage Council – 12001 Sycamore Station Place, Louisville, KY 40299

Make Checks Payable: LHCBSA

FAX Form Number: 502-361-7899

Cut off dates for Registration will be set for 3 business days prior to training.

No walk-ins: Unless special arrangements made prior by communicating with those conducting training.

For more info contact the Scout Service Center at (502) 361-2624 or email Charlie Bunge at chbungesr@aol.com or Alex Klausung at alex.klausung@scouting.org. For online registration & Council refund policy visit www.lhcbbsa.org

Please submit send in bottom portion to register Or REGISTER ONLINE AT www.lhcbbsa.org

LHCBSA **CUB SCOUT LEADER JOB SPECIFIC TRAINING** **2017**

Name: _____ Unit: _____ #: _____ Position: _____

Email Address: _____ Phone Number: _____

Check One: (10/28 First Baptist) _____ (11/4 SSSC) _____

Name on Credit Card: _____

Billing Address: _____ City: _____ Zip: _____

Amount to be charged: _____ Credit Card Number: _____

Card Expiration Date: _____ CVC (Code on back of card): _____