

TRAPPERS BRIGADE APPLICATION

FRONTIERSMEN CAMPING FELLOWSHIP

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CHURCH _____

OUTPOST # _____ FCF CHAPTER _____ YEAR INDUCTED _____

FCF NAME _____ SSN# _____

YOUNG BUCK _____ OLD TIMER _____

CURRENT FCF RECOGNITION:

_____ FRONTIERSMAN

_____ BUCKSKIN

_____ WILDERNESS

TRAPPERS BRIGADE RECOGNITION APPLYING FOR:

_____ COMPANY TRAPPER (Total 20 Service Points)

_____ BOURGEOIS (Total 60 Service Points (Company Trapper + 40))

_____ FREE TRAPPER (Total 120 Service Points (Bourgeois + 60))

_____ FREE TRAPPER NUMERAL (Each 30 Additional Points) # _____
(Number Requesting)

SERVICE PROJECT FORMS CHECKLIST:

_____ "Hours & Points Form" Is Attached

_____ "Service Project Description Form" Is Attached

_____ Attachments Included (Optional Photographs, Letters, etc.)

POINTS:

* One half (1/2) point per service hour for local projects.

* One point (1) point per service hour for non-local projects.

YOUNG BUCKS:

1. Applicants under 18 years of age need a supervisor's signature and comments concerning the service performed.

Note: Supervisors are the adult leaders for whom or with whom you performed your service, ie. Pastors, Commanders, Youth Leaders, Community Leaders, Missionaries, District Officials, Project Coordinators, etc.

2. If supervised by different individuals for different service projects, submit names of supervisors, forms and total service points for recognition.

PROJECT SUPERVISOR:

Your supervision of this applicant's service to God, his church or his fellow man is greatly appreciated. In determining recognition for this young man, much emphasis will rest upon your comments. Please take a moment and express your thoughts concerning this act of service performed by the applicant. Additional letters, pictures, participant comments, etc., will also be appreciatively accepted.

SUPERVISOR'S COMMENTS:

SUPERVISOR'S SIGNATURE OR OLD TIMER'S SIGNATURE:

Signed _____ Date _____

Title or Position _____

Length of time aquatinted with applicant _____

Supervisor's Address _____

_____ Phone _____

Applicant's Signature _____

APPLICANT:

1. Print or type and then submit this "Trappers Brigade Application", "Hours & Points Accumulation Form", and the "Service Project Description Form" to your District FCF Trappers Brigade Committee Chairman.
2. Be Prepared to present for the Trappers Brigade Authorization Committee concerning the details of your service project(s). Pictures, letters, artifacts, items of interest, things you learned, enjoyed, and experienced should all be shared when you meet with the committee.
3. Your District FCF Trappers Brigade Committee Chairman will inform you of when and where you are to meet with the Trappers Brigade Authorization Committee.