



INTRODUCTION TO OUTDOOR LEADER SKILLS

The purpose of Introduction to Outdoor Leader Skills (IOLS) is to provide adult leaders with the knowledge and practical experience in performing the outdoor skills necessary for Boy Scouts to complete the ranks of Tenderfoot, Second Class and First Class. It is similarly intended to aid Venturing leaders in Crews that focus on outdoor programs.

IOLS presents opportunities for Scouters to experience learning from the Scout's perspective and to see first hand how to teach each of the skills. IOLS provides opportunities for Scouters to share ideas. It is not expected that every participant will become an expert in every aspect of outdoor skills. However, course participants should gain the confidence to teach these skills to the youth they serve.

Tenured Scouters, who can demonstrate the basic outdoor skills for the Tenderfoot, Second Class, and First Class ranks, may not need to take the full course. There are 5 requirements in order to qualify to test out of IOLS:

1. Be 18 years of age or older, and have been registered in either a Scout Troop, Venturing Crew, or Varsity Team ~~for the last 2 years.~~
2. Have completed all required specific training (except IOLS) in the position for which you are registered.
3. Have experience in performing the skills covered in Introduction to Outdoor Leader Skills.
4. Complete the PERSONAL RECORD and SELF EVALUATION below, and submit it to your Unit's Committee Chairman.
5. Have the approval of both your Unit's Committee Chairman and your District Training Chairman. (See REFERENCE section at the bottom.)

To apply for testing out of IOLS, please complete pages 1-4 and send the application to your Unit Chairman.

PERSONAL RECORD - INTRODUCTION TO OUTDOOR LEADER SKILLS

Applicant's Information: (Please Print)

Name: _____ Member ID: _____

Unit Number: Troop Crew _____ District: _____, Del-Mar-Va Council
(Circle One)

Phone Number: (____) _____ - _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

For each of the following skill groups, please provide a description of your experience practicing and/or teaching outdoor skills (additional information may be attached if you wish):

American Flag (Raise, Lower, Fold, Display)

Tents & Shelter (Pitching a Tent, Ground Bed, Shelters)

Ropes and Lashing (Whip, fuse, Taut-Line, Clove, 2 Half Hitches, Timber Hitch, Square Lash, Diagonal Lash, Bowline):

Woods Tools (Knife, Ax, Saw, Sharpening, Safety):

Campfires (Tinder, Kindling, Fuel, Extinguishing):

Cooking (Menu Planning, Backpack Stove, Cleanup)

Map & Compass (Map Symbols, Map Reading, Compass Skills, Orienteering):

Nature (Plant and Animal Identification)

Leave No Trace Camping

Basic First Aid (Cuts & Scratches, Minor Burns, Poisonous Plants, Nosebleed, Frostbite, Blisters, Stings, Bug Bites, Heimlich):

Standard First Aid (Serious Bleeding, Object in Eye, Punctures, Heat Stroke, Hypothermia, Poisoning, Serious Burns, Shock, Hyperventilation, Dehydration):

Advanced First Aid (Bandages for head, collarbone, upper arm, sprained ankle; Transporting, Signs of Heart Attack, Basic CPR):

Eagle Scout? Yes or No (Please circle one)

If yes, what year did you earn the award? _____

Wood Badge Trained? Yes or No (please circle one)

If yes, what year did you complete the course?

How many nights of camping with a Scout unit have you experienced in the last 2 years? _____

CPR Certification? Yes or No (Please Circle one)

If yes, what year did you earn the certificate? _____

Red Cross Basic First Aid? Yes or No (Please Circle one)

If yes, what year did you earn the certificate? _____

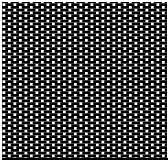
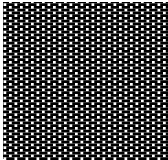
How many years have you been registered in Scouting?



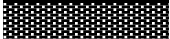

of years as a youth _____

of years as an adult _____

SELF EVALUATION - INTRODUCTION TO OUTDOOR LEADER SKILLS

Carefully rate your abilities on the skills listed below. Ask yourself: would I feel comfortable teaching this skill, do I have general knowledge about the skill, or do I need help performing that skill. Mark the appropriate line with an "X".

Skill	Rank Requirement	Can Teach	Have Knowledge	Need Help
Boy Scout Values				
Oath	T7	_____		
Law	T7	_____		
Motto	T7	_____		
Slogan	T7	_____		
Patrol Method	T8	_____		
EDGE Method	T4c	_____		
Citizenship				
Flag Etiquette	T6	_____		
Rights and Obligations of a Citizen	F5	_____		
Camping				
Pitch a tent	T2	_____		
Principles of Leave No Trace	S2, F3	_____		
Choosing a Campsite	S3b	_____		
Fire Building & Safety				
Charcoal	S3f	_____		
Wood fire	S3e, F4e	_____		
	S3e, F4e	_____		
Cooking				
Meal Planning	T3, F4a, F4b, F4c	_____		
Food Prep	S3g, F4d, F4e	_____		
Storage	S3g, F4d, F4e	_____		
Camp Stove	S3f	_____		
Clean-up	F4d	_____		
Knots & Lashings				
Whip and Fuse a Rope	T4a	_____		
2 Half Hitches	T4b	_____		
Taut-line Hitch	T4b	_____		
Square Knot	T4c	_____		
Timber Hitch	F7a	_____		
Clove Hitch	F7a	_____		
Bowline	F7a, F7b	_____		
Lashings	F7a, F7b	_____		
Woods Tools				
Care of tools	S3c	_____		
Sharpening tools	S3c	_____		
Use of tools	S3d	_____		

Skill	Rank Requirement	Can Teach	Have Knowledge	Need Help
<u>Hiking Safety</u>				
Highway	T5	_____	_____	_____
Cross Country	T5	_____	_____	_____
Day	T5	_____	_____	_____
Night	T5	_____	_____	_____
<u>Health and Safety</u>				
Buddy System	T9	_____	_____	
Basic First Aid	T12b	_____	_____	_____
Choking	T12a	_____	_____	_____
Bites - Snake, Rabid Animal, other	T12b, S7c	_____	_____	_____
Ticks	T12b	_____	_____	_____
Frostbite, Hypothermia	T12b, S7c	_____	_____	_____
Burns	T12b, S7c	_____	_____	_____
Sunburn	T12b	_____	_____	_____
Hurry Cases (Breathing, Bleeding, Poisoning)	S7a	_____	_____	_____
First Aid Kits	S7b	_____	_____	_____
Puncture wounds	S7c	_____	_____	_____
Heat Exhaustion, Heat Stroke, Dehydration	S7c	_____	_____	_____
Shock	S7c	_____	_____	_____
Hyperventilation	S7c	_____	_____	_____
Drug and Alcohol Abuse	S9a	_____		
3 R's of personal safety	S9b	_____	_____	
Bandages - ankle, head, arm, collarbone	F8b	_____	_____	_____
Transport injured or unconscious person	F8c	_____	_____	_____
CPR	F8d	_____	_____	_____
Safe Swim & Water Rescue	S8a, S8c, F9c	_____	_____	_____
Boating Safety	F9a	_____	_____	_____
Bullies, Cyber bully, and Internet safety	T9, F11	_____	_____	_____
<u>Orienteering</u>				
Use a compass	S1a	_____	_____	_____
Orient a map	S1a	_____	_____	_____
Find directions without a compass	F1	_____	_____	_____
<u>Nature</u>				
Identify Poisonous plants	T11	_____	_____	_____
Identify Local Animals	S6	_____	_____	_____
Identify Local Plants	F6	_____	_____	_____

Rank Abbreviations - T=Tenderfoot, S=Second Class, F=First Class.

After completing the Personal Record and Self Evaluation above, sign and send this document to your Committee Chairman for his/her recommendation.

I am requesting to complete the test-out option for the Introduction to Outdoor Leader Skills course based on my experience. I believe I am comfortable and confident in performing and/or teaching outdoor skills as described in the current version of the official Boy Scout Handbook. I have attached my Personal Record and Self Evaluation for your review.

Applicant's Signature

Date

REFERENCE

The application above is a leader in your unit who wishes to "test-out" of taking the required course: Introduction to Outdoor Leader Skills. Since you, as Unit Committee Chairman, are responsible for the quality of your unit's Scouting program, you can decide whether it is in the best interest of your unit for this leader to "test-out" or to attend the IOLS course itself.

By signing below, you are stating that, in your opinion, the applicant would gain at best negligible benefit by attending the course. If there is another leader in your unit who has a better perspective on the applicant's capabilities (e.g. your Scout Master), you can ask him/her to sign.

Reference's Signature

Date

Unit

Printed Name of Reference: _____

Member ID: _____

Position in Unit: _____

Date Completed IOLS: _____
(can be estimated)

Phone Number: (____) _____ - _____ Email Address: _____

After completing the Reference section above, please send this document to your District Training Chairman for his/her approval.

District Training Chair Signature

Date