

Northstar - Intro. to Outdoor Leader Skills



To receive credit for this required training course, please fill out the below form after having learned and understood/practiced and can teach the below skills and items listed. For a Scoutmaster, Asst. SM, 11-Year-Old Scouts Leader or Varsity Scout Leader to be considered fully trained he needs to have completed Youth Protection Training (every two years), Leader Specific Training and Introduction to Outdoor Leader Skills (Northstar).

Name: _____ Unit # _____ District: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Phone #(____) _____ Email: _____
 Youth Protection Date: ____/____/____ Leader Specific Training Date: ____/____/____

Rank Requirements: SR-Scout Rank, TF-Tenderfoot, SC-Second Class, FC-First Class

| <input checked="" type="checkbox"/> Boy Scout Methods | Rank Requirements | <input checked="" type="checkbox"/> First Aid & Safety | Rank Requirements |
|--|--------------------------|---|--------------------------|
| <input type="checkbox"/> Ideals of Scouting | SR 1a.-1c., 1f. | <input type="checkbox"/> Simple cuts & scrapes | TF 4a. |
| <input type="checkbox"/> Troop/Patrol Method | SR 3a.-3b. | <input type="checkbox"/> Blisters on hands/feet | TF 4a. |
| <input type="checkbox"/> Teaching E.D.G.E Method | TF 8. | <input type="checkbox"/> Minor/serious burns | TF 4a., SC 6a. |
| Citizenship | | <input type="checkbox"/> Insect bites & stings | TF 4a. |
| <input type="checkbox"/> Flag etiquette & display | TF 7a., SC 8a., 8b. | <input type="checkbox"/> Venomous Snakebites | TF 4a. |
| <input type="checkbox"/> Service Projects | SC 8e. | <input type="checkbox"/> Nosebleeds & Chocking | TF 4a. |
| Camping | | <input type="checkbox"/> Frostbite & Sunburn | TF 4a. |
| <input type="checkbox"/> Outdoor Code | SR 1e., TF 1c. | <input type="checkbox"/> Object in the eye | SC 6a. |
| <input type="checkbox"/> Leave No Trace | SC 1b. | <input type="checkbox"/> Mammal bites | SC 6a. |
| <input type="checkbox"/> Tread Lightly | FC 1b. | <input type="checkbox"/> Nail/Fishhook puncture | SC 6a. |
| <input type="checkbox"/> Proper Camping Gear | TF 1a. | <input type="checkbox"/> Object in the eye | SC 6a. |
| <input type="checkbox"/> Pitch a tent | SC 1a. | <input type="checkbox"/> Heat exhaustion | SC 6a. |
| <input type="checkbox"/> Camp site selection | SC 1c. | <input type="checkbox"/> Shock. Heatstroke, etc. | SC 6a. |
| Fire Building | | <input type="checkbox"/> Sprains, head, arm | FC 7a. |
| <input type="checkbox"/> Appropriate fire use | SC 2a. | <input type="checkbox"/> Heart Attack | FC 7c. |
| <input type="checkbox"/> Tinder, kindling, wood | SC 2b. | <input type="checkbox"/> Hiking injuries | SC 3c. |
| <input type="checkbox"/> Camp Stoves | SC 2d. | <input type="checkbox"/> Transport a person | FC 7b. |
| Cooking | | <input type="checkbox"/> Obtain Potable Water | FC 7f. |
| <input type="checkbox"/> Food Preparation | TF 2a., FC 2c., FC 2d. | <input type="checkbox"/> Emergency, hurry cases | SC 6b., 6d., 6e. |
| <input type="checkbox"/> Clean-up | TF 2b. | <input type="checkbox"/> First Aid Kits | TF 4d. |
| <input type="checkbox"/> Proper nutrition | SC 2e., FC 2a. | <input type="checkbox"/> Safe Swim/ Safe Float | SC 5a., FC 6b. |
| Knots & Lashings | | <input type="checkbox"/> Water Rescue methods | SC 5a. FC 6e. |
| <input type="checkbox"/> Square Knot | SR 4a., TF 3a. | <input type="checkbox"/> Canoe parts/positioning | FC 6c.-6d. |
| <input type="checkbox"/> Two Half Hitches | SR 4a., TF 3b. | <input type="checkbox"/> 3 R's Personal Safety | SC 9a. |
| <input type="checkbox"/> Taut-line Hitch | SR 4a., TF 3c. | <input type="checkbox"/> Bullying | SC 9b. |
| <input type="checkbox"/> Timber & Clove Hitch | FC 3b. | Orienteering | |
| <input type="checkbox"/> Whipping & Fusing | SR 4b. | <input type="checkbox"/> Use of a Compass | SC 3a. |
| <input type="checkbox"/> Sheet Bend | SC 2f. | <input type="checkbox"/> Use of a Map | SC 3a. |
| <input type="checkbox"/> Bowline knot | SC 2g. | <input type="checkbox"/> Direction w/o Compass | SC 3d. |
| <input type="checkbox"/> Lashings | FC 3a., 3c., 3d. | <input type="checkbox"/> GPS Units | FC 4b. |
| Wood Tools | | Nature | |
| <input type="checkbox"/> Pocket Knife Safety | SR 5. | <input type="checkbox"/> Local poisonous plants | TF 4a. |
| <input type="checkbox"/> Care & Use of Tools | TF 3d. | <input type="checkbox"/> Local wild animals | SC 4. |
| Hiking Safety | | <input type="checkbox"/> Local Plants | FC 5a. |
| <input type="checkbox"/> Buddy System | TF 5a. | <input type="checkbox"/> Weather Forecasting | FC 5b.-5d. |
| <input type="checkbox"/> Became lost | TF 5b. | | |
| <input type="checkbox"/> Highway/Cross Country | TF 5c. | | |
| <input type="checkbox"/> Day & Night hiking | TF 5c. | | |

I certify that to the best of my abilities, I understand and can teach the above listed skills and methods.

Signature of Scout Leader Date: ____/____/____

Signature of District Executive/Staff Date: ____/____/____

Please submit completed forms to Boy Scout Service Center.



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