



# APPLICATION LEAPING WOLF CERTIFICATE

To be completed in **DUPLICATE**

**Please print in BLOCK CAPITALS**

SURNAME of Cub: \_\_\_\_\_

FIRST names: \_\_\_\_\_

Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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 SSA Number: 

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Rank: \_\_\_\_\_ Pack: \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_

It is certified that he/she has passed:

Date Completed



1) Gold Wolf Outdoor Challenge 

D	D	M	M	Y	Y	Y	Y
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2) Greening our Community/Food for Life 

D	D	M	M	Y	Y	Y	Y
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3) Scout Craft 

D	D	M	M	Y	Y	Y	Y
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4) Personal Challenge 

D	D	M	M	Y	Y	Y	Y
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5) Technology in Action 

D	D	M	M	Y	Y	Y	Y
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6) Global Awareness 

D	D	M	M	Y	Y	Y	Y
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7) My Challenge 

D	D	M	M	Y	Y	Y	Y
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8) TWO special Interest Badges (in addition to Gold Wolf requirements)

**FIRST AID (COMPULSORY)**

D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_ 

D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_ 

D	D	M	M	Y	Y	Y	Y
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according to the requirements laid down in the Cub Badge Book and that he/she has shown in practice that his/her understanding of th CUB LAW and PROMISE has advanced in accordance with his/her age and experience, and that he/she has participated fully in Pack activities.

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D	D	M	M	Y	Y	Y	Y
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Signed - Pack Scouter

\_\_\_\_\_ 

D	D	M	M	Y	Y	Y	Y
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Signed - Support team Member

Checked and approved: \_\_\_\_\_ 

D	D	M	M	Y	Y	Y	Y
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Signed - Regional Team Coordinator

## For SSANO use only

Received at SSANO: 

D	D	M	M	Y	Y	Y	Y
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Approved: 

D	D	M	M	Y	Y	Y	Y
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Certificate No: 

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Certificate Dispatched: 

D	D	M	M	Y	Y	Y	Y
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