

# 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 40 Service Points)  
\_\_\_\_\_ FREE TRAPPER (Total 60 Service Points)  
\_\_\_\_\_ 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:**

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**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.