



# FRONTIERSMEN CAMPING FELLOWSHIP

## OFFICER PROCEDURES AND GUIDELINES



<b>SECTION</b>	<b>SUBJECT</b>
9.0 FORMS	8.11 TRAPPERS BRIGADE APPLICATION

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Outpost : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FCF Advancement Level**     Frontiersmen     Buckskin     Wilderness

**Current Level of Trappers Brigade Advancement**

Company Trapper     Bourgeois     Free Trapper     Free Trapper numeral # \_\_\_\_\_

Trappers Brigade level applying for:

- Company Trapper (total 50 service hours)     Bourgeois (total 100 service hours)  
 Free Trapper (total 150 service hours)     Free Trapper numeral # \_\_\_\_\_ (each additional 50 hours service)

**REQUIREMENTS-**

Applicant is encouraged to attend FCF events. These may be any organized sectional, divisional, chapter, territorial or national FCF events for the calendar year. This will count for the entire year.

Event: \_\_\_\_\_

**SERVICE PROJECT INFORMATION**

1. Project Description:

\_\_\_\_\_

\_\_\_\_\_

Supervisors Comments or Endorsements: \_\_\_\_\_

\_\_\_\_\_ Hours Served

\_\_\_\_\_

\_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisors Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Project Description:

\_\_\_\_\_

\_\_\_\_\_

Supervisors Comments or Endorsements: \_\_\_\_\_

\_\_\_\_\_ Hours Served

\_\_\_\_\_

\_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisors Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



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*Complete Additional Forms If Necessary*

**INSTRUCTIONS**

- Fill out form entirely, with signatures and endorsements.
- Young Bucks should have the project supervisor's comments and signatures concerning service performed.
- Attach any photos, letters, or items of interest concerning the service for the committee to review (if available)
- After completing the Trappers Brigade application, submit it to the Chapter FCF Scribe for processing.

<b><u>For Chapter Use Only</u></b>	
Date Application Received _____	
<b><u>Trappers Brigade Review Committee Approval</u></b>	
Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Date: _____	
Reason for denial of application (if any)	
_____	
_____	
<b><u>Hours of Service Record</u></b>	
Hours earned on this application _____	Hours applied to Trappers Brigade advancement _____
Banked Hours _____	Remaining hours applied to next advancement _____
Total Hours _____	
The above named candidate is a member in good standing in the _____ chapter, and is current in his chapter dues.	
_____	_____
Chapter FCF Scribe	Date