

CUB SCOUT DISABILITY AWARENESS BADGE

Signatures & Dates

_____ 1. With an adult, visit an agency that works with the physically, sensory, or mentally disabled. Take a tour, if possible, and talk with the staff about the activities and/or educational programs that are conducted for their clients/members. Have agency representative sign off this activity and date it.

_____ 2. *Participate in a Disability Awareness Simulation event sponsored by your pack, district, or council (must be conducted by trained or qualified adults). Complete at least six different booths/activities.
_____ Discuss with an adult how you felt and what limitations you had. How might you overcome those limitations you had. How might you overcome those limitations? Have signed off by adults sponsoring event.

_____ 3. With an adult, look around your house and pack or den meeting place. Discuss accessibility. What are five "good" places/points? What are five places that could be changed to make it easier for handicapped persons to visit?

_____ 4. Disease Awareness: Learn about three of the following diseases from an adult leader, agency, or professional:

- A. Asthma
- B. Cerebral Palsy
- C. Cystic Fibrosis
- D. Diabetes
- E. Epilepsy
- F. Heart Disease
- G. Muscular Dystrophy
- H. Osteogenesis (Brittle Bones) Imperfecta
- I. Spina Bifida

How do they affect your body? What would you do differently each day if you or someone you know had/has one of these diseases? Have Adult Scouter, agency representative, or professional sign off.

_____ 5. Complete one of these projects:

A. Set up a display about a disability you have learned about. Present it to your PACK.
Use any visual aids, handouts, or equipment needed to demonstrate or explain.
Cubmaster sign off.

B. Help a local agency with a community project that benefits a disability. Contact that agency for their requirements and current needs. Agency representative to sign off.

DARE TO CARE: BE AWARE!

APPLICATION FOR CUB SCOUT DISABILITY AWARENESS BADGE

This certifies that _____ has qualified and has been
(Cub Scout's Name)

approved by his Den Leader. He is entitled to receive the Cub Scout Disability Awareness Badge.

District _____ Pack # _____

CUBMASTER: _____
(Signature)

Cubmaster's Name: _____
(Printed)

Address: _____

Telephone: _____
(Include Area Code)

Date: _____

*Application for the Cub Scout Disability Awareness Badge
should be sent to your local council.
Enclose \$2.00 for each Disability Badge.*

**CUB SCOUT DISABILITY AWARENESS BADGE
Sam Houston Area Council, B.S.A.
P. O. Box 924528
Houston, TX. 77292-4528**