

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, & have the Representative sign off this requirement.

APPLICATION FOR CUB SCOUT DISABILITY AWARENESS BADGE:

This Certifies that _____ has met the requirements and is approved by
(Cub Scout's Name)
his Den / Cub Scout Leader to receive the Cub Scout Disability Awareness Badge as of this date: _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS TO RECEIVE YOUR BADGE(S):

MAIL: PICK UP:

District: _____ Pack #: _____

Cubmaster / Den Leader approving the requirements: _____

Cubmaster / Den Leader's Signature: _____ Date: _____

Phone Number: _____ Email: _____

If you are having the Badge(s) mailed please include:

ADDRESS: _____

Enclose \$2.00 for each Disability Badge.

Please include \$1.00 for postage per 10 Badges if you are having them mailed to you or your unit.

Make checks / money orders payable to Sam Houston Area Council (or SHAC), BSA

Application for the Cub Scout Disability Awareness Badge should be mailed or dropped off to:

**Cub Scout Disability Awareness Badge
Sam Houston Area Council, B.S.A.
P.O. Box 924528
Houston, TX 77292-4528**

