

 SAINTS GLOBAL

SKILL BADGE

ETIQUETTE

Version: 2026.1

SOCIAL

SAINT INFORMATION

NAME

MEMBER NUMBER

BATTALIONTROOP

ADVISOR APPROVAL

ADVISOR NAME

PHONE

START DATE (YYYY-MM-DD)

COMPLETION DATE (YYYY-MM-DD)

 SAINTS GLOBAL

SKILL BADGE

ETIQUETTE

Version: 2026.1

SOCIAL

SAINT INFORMATION

NAME

MEMBER NUMBER

BATTALIONTROOP

ADVISOR APPROVAL

ADVISOR NAME

PHONE

START DATE (YYYY-MM-DD)

COMPLETION DATE (YYYY-MM-DD)

 SAINTS GLOBAL

SKILL BADGE

ETIQUETTE

Version: 2026.1

SOCIAL

SAINT INFORMATION

NAME

MEMBER NUMBER

BATTALIONTROOP

ADVISOR APPROVAL

ADVISOR NAME

PHONE

START DATE (YYYY-MM-DD)

COMPLETION DATE (YYYY-MM-DD)

 SAINTS GLOBAL

SKILL BADGE

ETIQUETTE

Version: 2026.1

SOCIAL

SAINT INFORMATION

NAME

MEMBER NUMBER

BATTALIONTROOP

ADVISOR APPROVAL

ADVISOR NAME

PHONE

START DATE (YYYY-MM-DD)

COMPLETION DATE (YYYY-MM-DD)

ETIQUETTE

v2026.1

REQUIREMENTS CHECKLIST

STEP 1: DISCOVER

☐ a. ☐ b. ☐ c. ☐

STEP 2: PLAN

☐ a. ☐ b. ☐ c. ☐

STEP 3: ACT

☐ a. ☐ b. ☐ c. ☐ d. ☐ e. ☐

STEP 4: REFLECT

☐ a. ☐ b. ☐

By signing below, I certify that all requirements were met at or above the required standards as outlined in the Badge Requirements Checklist.

ADVISOR SIGNATURE

Date

LEADER SIGNATURE

Date

ETIQUETTE

v2026.1

REQUIREMENTS CHECKLIST

STEP 1: DISCOVER

☐ a. ☐ b. ☐ c. ☐

STEP 2: PLAN

☐ a. ☐ b. ☐ c. ☐

STEP 3: ACT

☐ a. ☐ b. ☐ c. ☐ d. ☐ e. ☐

STEP 4: REFLECT

☐ a. ☐ b. ☐

By signing below, I certify that all requirements were met at or above the required standards as outlined in the Badge Requirements Checklist.

ADVISOR SIGNATURE

Date

LEADER SIGNATURE

Date

ETIQUETTE

v2026.1

REQUIREMENTS CHECKLIST

STEP 1: DISCOVER

☐ a. ☐ b. ☐ c. ☐

STEP 2: PLAN

☐ a. ☐ b. ☐ c. ☐

STEP 3: ACT

☐ a. ☐ b. ☐ c. ☐ d. ☐ e. ☐

STEP 4: REFLECT

☐ a. ☐ b. ☐

By signing below, I certify that all requirements were met at or above the required standards as outlined in the Badge Requirements Checklist.

ADVISOR SIGNATURE

Date

LEADER SIGNATURE

Date

ETIQUETTE

v2026.1

REQUIREMENTS CHECKLIST

STEP 1: DISCOVER

☐ a. ☐ b. ☐ c. ☐

STEP 2: PLAN

☐ a. ☐ b. ☐ c. ☐

STEP 3: ACT

☐ a. ☐ b. ☐ c. ☐ d. ☐ e. ☐

STEP 4: REFLECT

☐ a. ☐ b. ☐

By signing below, I certify that all requirements were met at or above the required standards as outlined in the Badge Requirements Checklist.

ADVISOR SIGNATURE

Date

LEADER SIGNATURE

Date