BOY SCOUTS OF AMERICA ADULT APPLICATION

This application is also available in Spanish. Esta solicitud también está disponible en español.

The mission of the Boy Scouts of America is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Scout Law.

In a Cub Scout pack, Boy Scout troop, Varsity Scout team, Venturing crew, or Sea Scout ship—or in any position in a district or council—your participation is a service to your community and helps youth become better citizens.

As members of the Boy Scouts of America, high-quality adult leaders are important role models for youth. This application helps the chartered organization to select qualified leaders to serve as volunteers. Thank you for completing this application in full. See instructions on the inside cover.

BY SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING
A CRIMINAL BACKGROUND CHECK OF YOURSELF.
THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES.
YOU WILL HAVE AN OPPORTUNITY TO
REVIEW AND CHALLENGE ANY ADVERSE
INFORMATION DISCLOSED BY THE CHECK.

IF YOU WOULD LIKE A COPY OF YOUR CRIMINAL BACKGROUND REPORT, PLEASE CONTACT YOUR LOCAL COUNCIL OFFICE.

Youth Protection Training

All applicants for membership are required to take this training within 30 days of registering. To take it online, go to www.MyScouting.org and establish an account using the member number you receive when you register. If you take the training online before you obtain a member number, be sure to return to MyScouting and enter your number for training record credit. Your BSA local council also provides training on a regular basis if you cannot take it online.

For more information, refer to the back of this application.



Purpose of the Boy Scouts of America

The purpose of the Boy Scouts of America is to promote, through cooperation with other agencies, the ability of youth to do things for themselves and others, and to teach youth patriotism, courage, self-reliance, and kindred virtues. In achieving this purpose, emphasis is placed upon the Boy Scouts of America's educational program and its oaths, promises, and codes for character development, citizenship training, and mental and physical fitness.

Excerpt From Declaration of Religious Principle

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the

APPROVAL REQUIRED—UNIT SCOUTERS

Unit committee chairman approves all adult unit members except the chartered organization representative and committee chairman.

Chartered organization head or chartered organization representative. The chartered organization representative is approved by the head of the chartered organization. Following approval by the unit

member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to these precepts from the Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of leadership.

Leadership Requirements

The applicant must possess the moral, educational, and emotional qualities that the Boy Scouts of America deems necessary to afford positive leadership to youth. The applicant must also be the correct age, subscribe to the precepts of the Declaration of Religious Principle, and abide by the Scout Oath or Promise, and the Scout Law.

committee chairman, all other adult unit members must be approved by the head of the chartered organization or the chartered organization representative.

Scout executive or designee must approve all unit Scouters.

APPROVAL REQUIRED—COUNCIL and DISTRICT SCOUTERS

Scout executive or designee must approve all council and district Scouters.

Scouting magazine. This magazine is sent to all registered, paid adult members.

Boys' Life. Registered adults get a special rate of \$12 a year (half the regular rate of \$24 a year). For a subscription to a great magazine and up-to-date information on boys and Scouting, just attach the appropriate amount and fill in the *Boys' Life* circle. Please calculate and remit the appropriate state and local taxes. On late registrations it may be necessary to deliver back issues.

Qualification. Adult citizens, or adult noncitizens who reside within the country, may register with the Boy Scouts of America in any capacity if they agree to abide by the Scout Oath or Promise and the Scout Law, to respect and obey the laws of the United States of America, and to subscribe to the precepts of the Declaration of Religious Principle. All leaders must be 21 years of age or older, except assistant Scoutmasters, assistant den leaders, assistant Cubmasters, assistant Webelos den leaders, and assistant Varsity Scout coaches, who must be 18 or older. No one may register in more than one position in the same unit, except the chartered organization representative (who can multiple only as the committee chairman (CC) or a committee member (MC)) and the ScoutParent unit coordinator (who may multiple as chartered organization representative (CR), assistant den leader (DA), assistant Webelos den leader (WA), assistant Scoutmaster (SA), assistant Varsity Scout Coach (VA), mate (MT), and Leader of 11-year-old Scouts (10)).

Youth Protection. Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere, even in Scouting. Youth safety is of paramount importance to Scouting. For that reason, the BSA continues to create barriers to abuse beyond what have previously existed in Scouting.

All persons involved in Scouting shall report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused, physically or emotionally neglected, exposed to any form of violence or threat, exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography; online solicitation; enticement; or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Notify your Scout executive of this report, or of any violation of BSA's Youth Protection policies, so that he or she may take appropriate action for the safety of our Scouts, make appropriate notifications, and follow up with investigating agencies.

Ethnic Background Information. The BSA receives inquiries from various agencies regarding racial composition. Please fill in the appropriate circle on the application to indicate ethnic background.

BSA Privacy Policy. The Boy Scouts of America protects the confidentiality of the names and personal information of those who are affiliated with the movement. No commercial or unauthorized use is made of the names, addresses, and other confidential information of members. Access to this information is strictly limited.

This application is designed to be an information-gathering aid. Answers given by the applicant may be verified.

INSTRUCTIONS

Unit Scouters

- Complete and sign the top copy. Keep the back copy (applicant copy) and give the remaining copies to the committee chairman with the proper fees.
- After the application has been reviewed and, if necessary, references checked by the unit committee, secure the approvals.
 The process set forth in the publication Selecting Quality Leaders, No. 522-981, must be completed for all positions of Scoutmaster, assistant Scoutmaster, Varsity Coach, and assistant Varsity Coach.
- 3. The committee chairman keeps the unit copy, gives one copy to the chartered organization, and forwards the remaining copy to the local council service center for approval and processing.

Council and District Scouters

- Complete and sign the application.
- 2. Send the proper fee and all three copies of the application to the local council service center for approval and processing.

| Months | FEE CHART Registration | Boys' Life | CR CC MC | UNIT POSITION CODE Chartered organization representative Committee chairman Committee member |
|--------|---------------------------|---------------|----------------|--|
| 1 | 1.25 | _ | SM SA | Scoutmaster Assistant Scoutmaster |
| 2 | 2.50 | 2.00 | NL | Crew Advisor |
| 3 | 3.75 | 3.00 | NA SK | Crew associate Advisor Skipper |
| 4 | 5.00 | 4.00 | MT VC | Mate Varsity Scout Coach |
| 5 | 6.25 | 5.00 | VA CM | Assistant Varsity Scout Coach Cubmaster |
| 6 | 7.50 | 6.00 | CA | Assistant Cubmaster |
| 7 | 8.75 | 7.00 | WL WA | Webelos den leader Assistant Webelos den leader |
| 8 | 10.00 | 8.00 | DL DA | Den leader Assistant den leader |
| 9 | 11.25 | 9.00 | TL PT | Tiger Cub den leader Pack trainer |
| 10 | 12.50 | 10.00 | PC 10 | ScoutParent unit coordinator Leader of 11-year old Scouts (LDS Troop) |
| 11 | 13.75 | 11.00 | 88 | Lone Cub Scout friend and counselor |
| 12 | 15.00 | 12.00 | | Lone Scout friend and counselor Parents (PS) and Tiger Cub adult partners (AP) lete the bottom portion of the youth application. |

Tips for completing the Application for Adult Membership: (Use blue or black ink)

- ➤ Print—do not use cursive.
- > Use black or dark blue ink.
- ➤ Press firmly when printing.
- > Print one letter only in each box.
- ➤ Use upper-case letters and stay within the blue boxes for legibility.
- Fill in circles; do not use check marks.
- ➤ Make sure you have all needed signatures on application.
- ➤ Don't alter the application—it could affect the quality of the scan. Mailing address example:

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Instructions:

Please read the Disclosure/Authorization Form on the back of this page. In the space provided at the bottom of the statement, fill in the spaces for your name, signature, and date to acknowledge your review of the form.

This Disclosure/Authorization Form and the Boy Scouts of America Adult Application must be signed and turned in together to complete the application process.

DISCLOSURE/AUTHORIZATION FORM

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our program, the Boy Scouts of America will procure consumer reports on you in connection with your application to serve as a volunteer, and the Boy Scouts of America may procure additional consumer reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The Boy Scouts of America has contracted with LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by LexisNexis from public record sources.

The consumer reports will not include credit record checks or motor vehicle record checks.

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to LexisNexis at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize the Boy Scouts of America and LexisNexis to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a volunteer position with the Boy Scouts of America. I also understand that as long as I remain a volunteer, additional consumer reports may be procured at any time. I understand that if the Boy Scouts of America chooses not to accept my application or to revoke my membership based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, LexisNexis.

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

California

Under California law, the consumer reports described above that the Boy Scouts of America will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by LexisNexis, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at LexisNexis offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. LexisNexis will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

□ I request a free copy of any report procured on me.

New York

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with the Boy Scouts of America. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

| First name (No initials or nicknames) Please print. | Middle name | | Last name | | | Suffix |
|---|-------------|------|-----------|----------|---|--------|
| | | | | | | |
| | | | | | | |
| | | | | |] | |
| Signature of applicant | | Date | | Unit No. | 1 | |

| ADULT APPLICATION 524-501 | This form is r | ead by machine. | Please prin | t the numbers | and letters | as shown | : 1 2 | 2 3 4 | 5 6 7 8 | 9 0 A B C D E F G H I |
|--|---------------------------|--|------------------|----------------------|----------------|----------------|--------------|----------|------------------------|--|
| | UNIT SCO | OUTERS (Fill in the | circle.) | | | Counc | cil/district | position | | All questions must be answered. |
| The information obtained in this form is for the internal use of the BSA only. | ☐ Troop ☐ | Team Crew | Ship | Unit No. | | OR | | | | Scouting background. Position Council Year |
| · · · · · · · · · · · · · · · · · · · | | | | NO. | | Distri | ct name | | | |
| EXPIRE DATE / / / | TERM | MONTHS Nev | v leader | Former leader | | | | | | Experience working with youth in other organizations. Please provide contact information. |
| If applicant has an unexpired membership certificate; registration ma | y be accomplished in | n this unit by paying | \$1 for processi | ng the transfer. Mai | k and attach c | ertificate. It | will be retu | urned by | the council. | —————————————————————————————————————— |
| TRANSFER FROM: COUNCIL NO. | TYPE OF UNIT | | UNI | T NO. | | | | | | 3. Previous residences (for last five years). City State |
| Please print one letter in each space—press hard; you are making three First name (No initials or nicknames) | ee copies. Middle name | | Last r | nama | | | | | Suffix | |
| riist lialie (no ilitais oi ilickilalies) | Wildule Harrie | | Last I | iame | | | | | Sullix | |
| Usus usu samelatadi O u u s a u u u u u u | 5 101 11 11 | | | | | | | | | 4. Current memberships (religious, community, business, labor, or professional organizations). |
| | Fast Start training | City | | | | | State | 711 | n codo | |
| Country Mailing address | | City | | | | | State | Z1 | p code | 5. References. Please list those who are familiar with your character as it relates to working with youth. |
| | | | | | | | Ш | | | References may be checked. Name |
| Home phone Business | phone | | | Ext. | Cell ph | one | | | | Telephone ()Name |
| | | - | X | | | - | | | | Telephone () |
| Date of birth (mm/dd/yyyy) Ethnic background: | Native American | Alaska Native | Asian D | river's license No. | | | | | State | Name |
| / / Caucasian/White | Hispanic/Latino | Pacific Islander | Other _ | | | | | | | 6. Additional information. Yes or No (Mark each answer.) |
| Gender Social Security No. (required) | Occupation | | | | Employer | | | | | a. Do you use illegal drugs? |
| OM OF | | | | | | | | | | a criminal offense? (If yes, |
| Country Business address | | City | | | | | State | Zip | code | explain below.) c. Have you ever been charged with, OO |
| | | | | | | | | | | or investigated or arrested for, |
| Position Code Scouting position (description) | | | | Are you a | n Eagle Scout | Date ear | ned (mm/d | dd/yyyy) | | d. Has your driver's license ever been suspended or revoked? |
| | | | | Yes | O No | | / | , | / | (If yes, explain below.) e. Other than the above, is there any |
| E-mail address Work (Select one) | | @ | | | | | | | Boys' Life | fact or circumstance involving you or your background that would call into question your being entrusted |
| , lone | AF | ADDOLALO FOR LINIT (| OOUTEDO W | | | | | | subscription | with the supervision, guidance, and care of young people? (If answer is |
| I understand that: a. The information that I have provided may be verified, by contacting person | s or Thi | PPROVALS FOR UNIT S is application has been | | | | | | | | yes, explain below.) |
| organizations named in this application, or by contacting any person or organ may have information concerning me, or by conducting a criminal backgrour I hereby release and agree to hold harmless from liability any person or organ | nd check. | the BSA. | | | | | | | | |
| that provides information. I also agree to hold harmless the chartered organization of the council, Boy Scouts of America, and the officers, employees, and volunteers | zation, local | | | | | | | | | |
| b. In signing this application, I have read the attached information and apply for re the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the | gistration with | gnature of unit comm | ittee chairman | | | | Date | e | | OUNCIL AND DISTRICT SCOUTERS of anything contrary to the information stated |
| Regulations of the Boy Scouts of America and the local council. I affirm that the inhave given on this form is true and correct. I am aware of and agree to follow the | nformation I | | | | | | | | | . This application has been reviewed according s, and this applicant meets the leadership |
| Protection policies and will complete Youth Protection training within 30 days of re | gistering. Sig | gnature of chartered o | organization he | ad or representativ | Э | | Dat | te | qualifications of th | |
| Circulus of applicant | Date | OOEDTED) C: | | | | | - | | Cianature -f C | the expectative are decirned. |
| | Date (AC | CCEPTED) Signature (| or Scout execut | ive or aesignee | 10041-0 | MINOR OF | Da | | • | at executive or designee Date |
| 4001 Registration fee \$. | | Boys' Life fee \$ | | | LOCAL CO | JUNUIL UL | ואן | | Retain on file for thr | ee years. |

| ADULT APPLICATION 524-501 | | | | |
|--|--|---|----------------------------------|---|
| UNIT | SCOUTERS (Fill in the circle.) | Coun | cil/district position | All questions must be answered. |
| The information obtained in this form is for the internal use of the BSA only. | | Unit No. OR | -1 | Scouting background. Position Council Year |
| | | Distri | ct name | _ |
| EXPIRE DATE / / TERM | MONTHS New leader Form | mer leader | | Experience working with youth in other organizations. Please provide contact information. |
| If applicant has an unexpired membership certificate; registration may be accomplish | ed in this unit by paying \$1 for processing | the transfer. Mark and attach certificate. It | will be returned by the council. | —————————————————————————————————————— |
| TRANSFER FROM: COUNCIL NO. TYPE OF UN | IIT UNIT N | 0. | | Previous residences (for last five years). City State |
| Please print one letter in each space—press hard; you are making three copies. First name (No initials or nicknames) Middle name | Last nam | ne | Suffix | |
| | | | | 7 |
| Have your completed: Verth Post of the finite of the Chart Start S | | | | Current memberships (religious, community, business, labor, or professional organizations). |
| Have you completed: Youth Protection training Fast Start training | | | Ctata 7in anda | |
| Country Mailing address | City | | State Zip code | 5. References. Please list those who are familiar wit your character as it relates to working with youth. |
| | | | | References may be checked. |
| Home phone Business phone | Ex | ct. Cell phone | | Name Telephone () |
| | - X | - | | Name Telephone () |
| Date of birth (mm/dd/yyyy) Ethnic background: | Drive | er's license No. | State | Name |
| Black/African American Native American | Alaska Native Asian | | | Telephone () |
| Caucasian/White Hispanic/Latino | Pacific Islander Other | | | 6. Additional information. Yes or No (Mark each answer.) |
| Gender Social Security No. (required) Occupation | n | Employer | | a. Do you use illegal drugs? |
| OM OF BUILDING SERVICE STATE OF THE SERVICE SERVICES. | | | | a criminal offense? (If yes, |
| Country Business address | City | | State Zip code | explain below.) c. Have you ever been charged with, O |
| US | | | | or investigated or arrested for, child neglect or abuse? |
| Position Code Scouting position (description) | | Are you an Eagle Scout? Date ear | rned (mm/dd/yyyy) | d. Has your driver's license ever been suspended or revoked? |
| | | Yes No | / / | (If yes, explain below.) |
| E-mail address Work (Select one) Home | @ | | Boys' Life | fact or circumstance involving you or your background that would call |
| (Select offe) Home | | | subscription | with the supervision, guidance, and |
| I understand that: a. The information that I have provided may be verified, by contacting persons or | | unaware of anything contrary to the informating to BSA procedures, and this applicant mee | | care of young people? (If answer is yes, explain below.) |
| organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. | of the BSA. | | | |
| I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local | | | | |
| council, Boy Scouts of America, and the officers, employees, and volunteers thereof. | Signature of unit committee chairman | | Date APPROVAL FOR C | OUNCIL AND DISTRICT SCOUTERS |
| b. In signing this application, I have read the attached information and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the Rules and | | | We are unaware o | f anything contrary to the information stated . This application has been reviewed according |
| Regulations of the Boy Scouts of America and the local council. I affirm that the information I have given on this form is true and correct. I am aware of and agree to follow the BSA's Youth | | | to BSA procedures | s, and this applicant meets the leadership |
| Protection policies and will complete Youth Protection training within 30 days of registering. | Signature of chartered organization head | or representative | Date qualifications of the | IE DOA. |
| Signature of applicant Date | (ACCEPTED) Signature of Scout executive | or designee | Date Signature of Scou | it executive or designee Date |
| Registration fee \$. | Boys' Life fee \$. | CHARTERED ORGANIZATI | ON COPY Retain on file for thr | ee years. |

| ADULT APPLICATION | 524-501 | | | | | | | | | |
|--|--------------------------------------|--|---|---|---------------------------------|------------------|-----------------------|------------------------|---------------------------|--|
| | UNIT | SCOUTERS (Fill in the circle.) | | | Coun | cil/district pos | sition | | | All questions must be answered. |
| The information obtained in this form is for the internal use of the BSA only. | Pack Troop | Team Crew | Ship Unit No. | | OR | | | | | Scouting background. Position Council Year |
| | | | 110. | | Distri | ict name | | | | |
| EXPIRE DATE / / | TERM | MONTHS New leader | O Former leader | | | | | | | Experience working with youth in other |
| If applicant has an unexpired membership certification | te; registration may be accomplisl | ned in this unit by paying \$1 for pr | ocessing the transfer | Mark and attach | certificate. It | will be return | ed by th | ie council. | | organizations. Please provide contact informatio |
| TRANSFER FROM: COUNCIL NO. | TYPE OF UN | п | UNIT NO. | | | | | | | 3. Previous residences (for last five years). City State |
| Please print one letter in each space—press hard; you | u are making three copies. | | | | | | | | | |
| First name (No initials or nicknames) | Middle name | | Last name | | | | | Suff | ix | |
| | | | | | | | | | | 4. Current memberships (religious, community |
| Have you completed: Youth Protection training | Fast Start traini | ng | | | | | | | | business, labor, or professional organization |
| Country Mailing address | | City | | | | State | Zip | code | | 5. References. Please list those who are familiar |
| US | | | | | | | | | | your character as it relates to working with yo References may be checked. |
| Home phone | Business phone | | Ext. | Cell | phone | | | | | Name Telephone () |
| | | - | Х | | - | | - | | | Name |
| Date of birth (mm/dd/yyyy) Ethnic | background: | | Driver's license | No. | | | | | State | Telephone () Name |
| | uck/African American Native American | Alaska Native Asi | an | | | | | | | Telephone ()_ |
| | ucasian/White Hispanic/Latino | Pacific Islander Oth | er | | | | | | | 6. Additional information. Yes or (Mark each answer.) |
| Gender Social Security No. (required) M F | Occupation | n | | Employer | | | | | | a. Do you use illegal drugs? |
| | | | | | | | | | | a criminal offense? (If yes, |
| Country Business address | | City | | | | State | Zip | code | | explain below.) c. Have you ever been charged with, |
| | | | | | | | | | | or investigated or arrested for, child neglect or abuse? |
| Position Code Scouting position (description) | | | Are | ou an Eagle Sco | ıt? Date ea | rned (mm/dd/ | ′уууу) | | | d. Has your driver's license ever been suspended or revoked? |
| | | | | Yes No | | / | / | | | (If yes, explain below.) |
| E mail address Week | | | | | | | | | | fact or circumstance involving you |
| E-mail address Work (Select one) Home | | @ | | | | | 0 | Boys subs | <i>' Life</i> cription | or your background that would call into question your being entrusted |
| I understand that: a. The information that I have provided may be verified, by organizations named in this application, or by contacting a | contacting persons or | APPROVALS FOR UNIT SCOUTER This application has been reviewe of the BSA. | S: We are unaware of d according to BSA pr | anything contrary ocedures, and this | to the informa applicant mee | tion stated in t | this appl hip qual | ication. ifications | | with the supervision, guidance, and care of young people? (If answer is yes, explain below.) |
| may have information concerning me, or by conducting a CI hereby release and agree to hold harmless from liability a | criminal background check. | | | | | | | | | |
| that provides information. I also agree to hold harmless the council, Boy Scouts of America, and the officers, employee | e chartered organization, local | Signature of unit committee cha | irman | | | Date | | | | |
| b. In signing this application, I have read the attached informat the Boy Scouts of America. I agree to comply with the Charter | tion and apply for registration with | Signature of unit committee cha | iiiiaii | | | Date | | | | UNCIL AND DISTRICT SCOUTERS anything contrary to the information stated |
| Regulations of the Boy Scouts of America and the local council have given on this form is true and correct. I am aware of and | I. I affirm that the information I | | | | | | | to BSA pi | rocedures, | his application has been reviewed according and this applicant meets the leadership |
| Protection policies and will complete Youth Protection training | | Signature of chartered organizat | ion head or represen | tative | | Date | | qualificat | tions of the | BSA: |
| | | | | | | | | | | |
| Signature of applicant | Date | (ACCEPTED) Signature of Scout | executive or designe |) | | Date | | Signature | e of Scout | executive or designee Date |

| ADULT APPLICATION | 524-501 | | | | | | | | | |
|---|---|--|--|---|------------------------------------|--|-----------|--------------------------|-----------------------------|--|
| | UNIT | SCOUTERS (Fill in the circle | .) | | (| Council/district po | osition | | | All questions must be answered. |
| The information obtained in this form is for the internal use of the BSA only. | Pack Troop | Team Crew | Ship Unit No. | | OR | | | | | Scouting background. Position Council Yea |
| | | | NO. | | [| District name | | | | |
| EXPIRE DATE / / / | TERM | MONTHS New leade | r Former lea | ıder | | | | | | Experience working with youth in other |
| If applicant has an unexpired membership certificate; | registration may be accomplish | ed in this unit by paying \$1 for p | processing the trai | nsfer. Mark and at | tach certifica | te. It will be retur | ned by th | he council. | | organizations. Please provide contact informa |
| TRANSFER FROM: COUNCIL NO. | TYPE OF UN | п | UNIT NO. | | | | | | | 3. Previous residences (for last five years). City State |
| Please print one letter in each space—press hard; you a | are making three copies. | | | | | | | | | |
| First name (No initials or nicknames) | Middle name | | Last name | | | | | Suff | ix | |
| | | | | | | | | | | 4. Current memberships (religious, commun |
| Have you completed: Youth Protection training | Fast Start trainir | ng | | | | | | | | business, labor, or professional organizati ———————————————————————————————————— |
| Country Mailing address | | City | | | | State | Zip | code | | 5. References. Please list those who are familia |
| | | | | | | | | | | your character as it relates to working with g References may be checked. |
| Home phone | Business phone | | Ext. | | Cell phone | | | | | Name Telephone () |
| | | - | Х | | | - | - | | | Name |
| Date of birth (mm/dd/yyyy) Ethnic bac | ckground: | | Driver's lice | ense No. | | | | | State | Telephone () Name |
| | 'African American Native American | Alaska Native | | | | | | | | Telephone () 6. Additional information. Yes |
| Gender Social Security No. (required) | sian/White Hispanic/Latino Occupatio | | Other | Emple | over | | | | | (Mark each answer.) |
| M O F | Cocapatio | · | | | , joi | | | | | a. Do you use illegal drugs? b. Have you ever been convicted of |
| ###################################### | | | | | | | | | | a criminal offense? (If yes, |
| Country Business address | | City | | | | State | Zip | code | | c. Have you ever been charged with, or investigated or arrested for, |
| | | | | | | | | | | child neglect or abuse? |
| Position Code Scouting position (description) | | | | Are you an Eagle | Scout? Dat | e earned (mm/do | d/yyyy) | | | been suspended or revoked? |
| | | | | Yes O | No | / | / | | | (If yes, explain below.) e. Other than the above, is there any |
| E-mail address Work (Select one) Home | | @ | | | | | 0 | Boys subs | <i>' Life</i> cription | fact or circumstance involving you or your background that would call into question your being entrusted |
| I understand that: a. The information that I have provided may be verified, by coorganizations named in this application, or by contacting any | ontacting persons or | APPROVALS FOR UNIT SCOUTE This application has been review of the BSA. | ERS: We are unawa ved according to BS | re of anything cont SA procedures, and | rary to the info this applicant | ormation stated in t meets the leader | this appl | lication. lifications | - | with the supervision, guidance, and care of young people? (If answer is yes, explain below.) |
| may have information concerning me, or by conducting a crir I hereby release and agree to hold harmless from liability any that provides information. I also agree to hold harmless the cl | minal background check. y person or organization | | | | | | | | | |
| council, Boy Scouts of America, and the officers, employees, b. In signing this application, I have read the attached information the Boy Scouts of America. I agree to comply with the Charter an | and volunteers thereof. n and apply for registration with | Signature of unit committee ch | nairman | | | Date | | We are u | naware of | UNCIL AND DISTRICT SCOUTERS anything contrary to the information stated |
| Regulations of the Boy Scouts of America and the local council. I have given on this form is true and correct. I am aware of and agree Protection policies and will complete Youth Protection training with | affirm that the information I pree to follow the BSA's Youth | Signature of chartered organiz | ation head or repr | esentative | | Date | | to BSA p | | This application has been reviewed according and this applicant meets the leadership e BSA: |
| Signature of applicant | Data | (ACCEPTED) Cianatura -4.0 | t avagutiva | ignoo | | D. I | | Signot: | a of Coort | everytive or designed. |
| Signature of applicant Registration fee \$ | Date | (ACCEPTED) Signature of Scou **Boys' Life fee ** | . executive or des | | PPLICANT (| Date COPY | | | e of Scout ile for three | executive or designee Date e years. |

Training for New Volunteers



(Every Youth in Scouting Deserves a Trained Leader)

Welcome to Scouting! As a new Scout volunteer, you are joining our Scouting family, and we want you to understand how the program works. The Boy Scouts of America is committed to your success as a volunteer while serving young people. To help you be successful there are training materials designed for you.

So, How Do I Begin? Online or Through Your Council Service Center!

Fast Start training for Cub Scout, Boy Scout, Varsity, and Venturing leaders as well as Youth Protection training programs are available at www.myscouting.org. Additional training opportunities and resources are available through your local council and www.scouting.org/training.

All applicants for membership are required to complete Youth Protection training within 30 days of registering.

What Makes a Trained Leader? (Check when completed)

| Scoutmasters and assistant Scoutmasters are considered trained when they have completed Youth Protection training*, Scoutmaster and Assistant Scoutmaster Leader Specific Training, and Introduction to Outdoor Leader Skills. |
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| Troop committee members are considered trained when they have completed Youth Protection training* and the Troop Committee Challenge* as their leader-specific training. |

□ Cub Scout leaders are considered trained when they have completed Youth Protection training* and Cub Scout Leader Position-Specific Training* (for their position).

☐ Varsity Scout leaders and assistants are considered trained when they have completed Youth Protection training*, Varsity Scout Leader Specific Training, and Introduction to Outdoor Leader Skills. Venturing crew Advisors, assistant Advisors, and crew committee members are considered trained when they have completed Youth Protection training* and Venturing Leader Specific Training

(and Introduction to Outdoor Leader Skills for outdoor crews only).

What Is Youth Protection Training?

We seek to create as safe an environment as possible for young people to enjoy our program's activities. The Boy Scouts of America Youth Protection training addresses strategies for personal safety awareness for youth as well as adults. Age-appropriate programs and DVD materials include:

- Youth Protection Guidelines: Training for Volunteer Leaders and Parents—Adults come away with a much clearer awareness of the kinds of abuse, the signs of abuse, and how to respond and report should a situation arise. Youth Protection training must be taken every two years.
- Youth Protection Guidelines: Training for Adult Venturing Leaders—Designed to give guidance to the leaders in our teenage coed Venturing program. Supervision and relationship issues have a different focus regarding personal safety with this age group. Youth Protection training must be taken every two years.
- It Happened to Me—Developed for Cub Scout—age boys from 6 to 10 years old and their parents. It addresses the four rules of personal safety: Check first, go with a friend, it's your body, and tell.
- A Time to Tell—A video for Boy Scout—age boys from 11 to 14 years old—the target group for most molesters. It stresses the three R's of youth protection: Recognize, Resist, and Report. • Youth Protection: Personal Safety Awareness—Developed for youth ages 13 through 20 in the coeducational Venturing program. It deals with issues pertinent to this age group.

Youth Protection training is available online at www.MyScouting.org. You can establish an account there using the member number you receive when you register. If you take the online training before you receive a member number, be sure to return to MyScouting and enter your number for training record credit or forward a copy of the training certificate to your council.

The Boy Scouts of America has Youth Protection policies to protect youth, and these same policies help protect adult volunteers.

These and other key policies are addressed in the training:

Two-deep leadership is required on all outings.

One-on-one contact between adults and youth members is prohibited.

Privacy of youth is respected.

Separate accommodations for adults and Scouts are required.

Units are responsible to enforce Youth Protection policies.

ScoutParents has been designed to increase youth and parent recruitment, retention, advancement, participation, dedication, and a passion for Scouting. Your involvement and commitment is essential to the success of your child's Scouting experience. We encourage the parents (guardians) for each child to:

- 1. Participate with them.
- 2. Go to and observe their meetings.
- 3. Be part of their unit's program—both weekly meetings and outings.

To learn more, go to www.scouting.org/scoutparents.

*Available online at www.myscouting.org.

- 4. Support the program financially.
- 5. Coach them on their advancement and earning of recognition awards.
- 6. Help in at least one support role during the year.
- 7. Take Youth Protection training (available online).

