

BSA ADULT APPLICATION

Please print one letter in each space—press hard; you are making two copies.

First name **(No initials or nicknames)** Middle name Last name Suffix

Preferred nickname:

Country Home address City State Zip code

U
S
A

Home phone Business phone Ext. Cell phone

Date of birth (mm/dd/yyyy) Ethnic background: Driver's license No. State

Gender **Social Security No. (required)** Occupation Employer

Country Business address City State Zip code

U
S
A

Position Code **Scouting position (description)** Are you an Eagle Scout? Date earned (mm/dd/yyyy)

Email address **(Select one)** Work Home @ **Boys' Life subscription**

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct. **INITIALS REQUIRED**

Signature of applicant Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief. **INITIALS REQUIRED**

YPT completion certificate attached **Background Check Authorization form attached**

To be completed by unit

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of chartered organization head or representative Date

Signature of Scout executive or designee Date

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration.

Unit Type: Pack Troop Former leader Multiple registration Crew Ship Participant

New leader Position change Transfer application

Enter membership number from unexpired certificate:

Transfer from council number: MDSC = "023" Unit type: Pack Troop Unit No.: Crew Ship

Unit No. OR Term: Months Registration fee \$ *Boys' Life* fee \$

All questions MUST be answered. Write NONE if applicable.

1. Scouting background. Position Council Year
 2. Experience working with youth in other organizations. Please provide contact information.
 3. Previous residences (for last 10 years). City State
 4. Current memberships (religious, community, business, labor, or professional organizations).
 5. References. Please list those who are familiar with your character. References may be checked.
- Name

Telephone ()

Name

Telephone ()

Name

Telephone ()
6. **Additional information. (Mark each answer.)** Yes No
 - a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:
 - b. Do you use illegal drugs or abuse alcohol? Explain:
 - c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
 - d. Has your driver's license ever been suspended or revoked? Explain:
 - e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
 - f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

BACKGROUND CHECK AUTHORIZATION

(Please print)

Name: First _____ Middle _____ Last _____ Suffix _____

List any other names used (nickname, maiden/married last names): _____

Date of birth: _____

To the extent permitted by applicable law, I hereby consent to and authorize Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by applicable California law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures (Non-Credit)** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures (Non-Credit)**, as well as this **Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.).

I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

For **California, Minnesota, or Oklahoma individuals only**: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature _____ Date _____

1. Fill out form on a computer and print it
2. Sign the form and obtained Charter Org required signature
3. Turn completed LOCAL COUNCIL COPY into council promptly for processing
4. Include Youth Protection Training (YPT) Certificate
5. Attach payment or confirm positive balance in your unit REGISTRATION account at council

Please print one letter in each space—press hard; you are making two copies.

BSA ADULT APPLICATION

First name (No initials or nicknames)

Middle name

Last name

Suffix

Preferred nickname:

Country

Home address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

Driver's license No.

State

Black/African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Gender

Social Security No. (required)

Occupation

Employer

M F

Country

Business address

City

State

Zip code

Position Code

Scouting position (description)

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

Yes No

Email address (Select one)

Work Home

 Boys' Life subscription

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct.

INITIALS REQUIRED

Signature of applicant

Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS REQUIRED

YPT completion certificate attached Background Check Authorization form attached

To be completed by unit

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of chartered organization head or representative

Date

Signature of Scout executive or designee

Date

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration.

New leader Position change

Transfer application

Enter membership number from unexpired certificate:

Unit Type: Pack Troop

Former leader Multiple registration

Transfer from council number:

Unit type: Pack Troop

Unit No.:

Crew Ship

Participant

Crew Ship

District name

Unit No.

OR

Term: Months

Registration fee \$

Boys' Life fee \$

All questions MUST be answered. Write NONE if applicable.

- Scouting background. Position _____ Council _____ Year _____
- Experience working with youth in other organizations. Please provide contact information. _____
- Previous residences (for last 10 years). City _____ State _____
- Current memberships (religious, community, business, labor, or professional organizations). _____
- References. Please list those who are familiar with your character. References may be checked.

Name _____	_____
Telephone (____) _____	_____
Name _____	_____
Telephone (____) _____	_____
Name _____	_____
Telephone (____) _____	_____
- Additional information. Yes No (Mark each answer.)
 - Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain: _____
 - Do you use illegal drugs or abuse alcohol? Explain:
 - Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
 - Has your driver's license ever been suspended or revoked? Explain:
 - Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
 - Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

BSA ADULT APPLICATION

Please print one letter in each space—press hard; you are making two copies.

First name (No initials or nicknames) Middle name Last name Suffix

Preferred nickname:

Country Home address City State Zip code

U S A

Home phone Business phone Ext. Cell phone

- -
 - - X
 - -

Date of birth (mm/dd/yyyy) Ethnic background: Driver's license No. State

/ /
 Black/African American Native American Alaska Native Asian

 Caucasian/White Hispanic/Latino Pacific Islander Other

Gender Social Security No. (required) Occupation Employer

M F - -

Country Business address City State Zip code

U S A

Position Code Scouting position (description) Are you an Eagle Scout? Date earned (mm/dd/yyyy)

Yes No / /

Email address (Select one) Work Home @ **Boys' Life subscription**

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct. INITIALS REQUIRED

Signature of applicant Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief. INITIALS REQUIRED

YPT completion certificate attached Background Check Authorization form attached

To be completed by unit

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of chartered organization head or representative Date

Signature of Scout executive or designee Date

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration.

New leader Position change Transfer application Enter membership number from unexpired certificate:

Unit Type: Pack Troop Former leader Multiple registration Transfer from council number:

Crew Ship Participant Unit type: Pack Troop Crew Ship Unit No.:

District name OR
Term: Months
Registration fee \$
Boys' Life fee \$

All questions MUST be answered. Write NONE if applicable.

1. Scouting background. Position Council Year
2. Experience working with youth in other organizations. Please provide contact information.
3. Previous residences (for last 10 years). City State
4. Current memberships (religious, community, business, labor, or professional organizations).
5. References. Please list those who are familiar with your character. References may be checked.

Name _____		
Telephone (____) _____		
Name _____		
Telephone (____) _____		
Name _____		
Telephone (____) _____		
6. Additional information. Yes No

(Mark each answer.)

 - a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain: _____
 - b. Do you use illegal drugs or abuse alcohol? Explain:
 - c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
 - d. Has your driver's license ever been suspended or revoked? Explain:
 - e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
 - f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?