

# 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 in the Boy Scouts of America can help youth become better citizens.

High-quality adults are important role models for youth in the Boy Scouts of America. This application helps the chartered organization select qualified adults. 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](http://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.



BOY SCOUTS OF AMERICA®

## 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

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 register.

## 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.

## APPROVAL REQUIRED—UNIT ADULTS

**Unit committee chairman** approves all unit adults 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

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

**Scout executive or designee** must approve all unit adults who answered "yes" to Additional Information questions.

## APPROVAL REQUIRED—COUNCIL and DISTRICT ADULTS

**Scout executive or designee** must approve all council and district adults.

**Scouting magazine.** This magazine is sent to all registered, paid adults.

**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 College Scouter Reserve, 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 (CR) (who can multiple only as the committee chairman (CC) or a committee member (MC)), and the parent coordinator (PC), who may multiple as chartered organization representative.

**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 the 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.** 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 organization. No commercial or unauthorized use is made of the names, addresses, and other confidential information. 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 Adults

1. 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.
2. 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 Adults

1. 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.

## FEE CHART\*

| Months | Registration | Boys' Life |
|--------|--------------|------------|
| 1      | 2.00         | —          |
| 2      | 4.00         | 2.00       |
| 3      | 6.00         | 3.00       |
| 4      | 8.00         | 4.00       |
| 5      | 10.00        | 5.00       |
| 6      | 12.00        | 6.00       |
| 7      | 14.00        | 7.00       |
| 8      | 16.00        | 8.00       |
| 9      | 18.00        | 9.00       |
| 10     | 20.00        | 10.00      |
| 11     | 22.00        | 11.00      |
| 12     | 24.00        | 12.00      |

\* National registration fees are nonrefundable.

## UNIT POSITION CODES

|     |  |
|-----|--|
| CR  | Chartered organization representative    |
| CC  | Committee chairman                       |
| MC  | Committee member                         |
| SM  | Scoutmaster                              |
| SA  | Assistant Scoutmaster                    |
| 92U | Unit College Scouter Reserve             |
| 91U | Unit Scouter Reserve                     |
| NL  | Crew Advisor                             |
| NA  | Crew associate Advisor                   |
| SK  | Skipper                                  |
| MT  | Mate                                     |
| VC  | Varsity Scout Coach                      |
| VA  | Assistant Varsity Scout Coach            |
| CM  | Cubmaster                                |
| CA  | Assistant Cubmaster                      |
| WL  | Webelos den leader                       |
| WA  | Assistant Webelos den leader             |
| DL  | Den leader                               |
| DA  | Assistant den leader                     |
| TL  | Tiger den leader                         |
| PT  | Pack trainer                             |
| PC  | Parent coordinator                       |
| 10  | Leader of 11-year old Scouts (LDS Troop) |
| 88  | Lone Cub Scout friend and counselor      |
| 96  | Lone Scout friend and counselor          |

Tiger adult partners (AP) complete 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 uppercase 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:

|   |   |   |  |   |   |   |   |   |  |   |   |
|---|---|---|--|---|---|---|---|---|--|---|---|
| 7 | 0 | 3 |  | F | I | R | S | T |  | S | T |
|---|---|---|--|---|---|---|---|---|--|---|---|

**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, and the Boy Scouts of America may procure additional consumer reports at any time in order to evaluate your continued suitability for participation. The Boy Scouts of America has contracted with First Advantage, a consumer reporting agency, to provide the consumer reports. First Advantage may be contacted by mail at First Advantage, 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 First Advantage 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 First Advantage 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 First Advantage 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 in the Boy Scouts of America. I also understand that 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, First Advantage.

### 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, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for participation. 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 First Advantage, 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 First Advantage 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. First Advantage 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 participation 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.

Retain in permanent file.

# ADULT APPLICATION

524-501

This form is read by machine. Please print the numbers and letters as shown:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I

## UNIT ADULTS (Fill in the circle.)

The information obtained in this form is for the internal use of the BSA only.

Pack

Troop

Team

Crew

Ship

Unit No.

OR

Council/district position code

District name

EXPIRE DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

TERM

\_\_\_\_ MONTHS

New leader

Former leader

Venturer

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

TRANSFER FROM:

COUNCIL NO.

\_\_\_\_

TYPE OF UNIT

\_\_\_\_

UNIT NO.

\_\_\_\_

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

First name (No initials or nicknames)

Middle name

Last name

Suffix

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country

Mailing address

City

State

Zip code

US

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

US

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position Code

Scouting position (description)

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

\_\_\_\_

\_\_\_\_\_

Yes  No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

E-mail address

Work

(Select one)

Home

\_\_\_\_\_ @ \_\_\_\_\_

**Boys' Life subscription**

I understand that:

- By submitting this application I am authorizing the Boy Scouts of America to obtain a background check using First Advantage, 1000 Alderman Drive, Alpharetta, GA 30005, and understand it will be used in determining my eligibility. I have reviewed and agreed to the terms and conditions regarding this check and your rights with respect to reviewing or obtaining copies of any information provided.
- I agree to complete Youth Protection training within 30 days of this application and abide by the youth protection requirements of the Boy Scouts of America (www.MyScouting.org).
- I hereby release and agree to hold harmless from liability any person or organization; local council; chartered organization; and the Boy Scouts of America and its officers, directors, employees, and volunteers for any injury or damage sustained in connection with my participation.
- I have read and affirm that I accept the Declaration of Religious Principle and qualifications for adult participation. I agree to comply with the rules and regulations of the Boy Scouts of America and the local council. I affirm that the information in this application is true and correct to the best of my knowledge and belief.

INITIALS REQUIRED

INITIALS REQUIRED

INITIALS REQUIRED

INITIALS REQUIRED

Signature of applicant

Date

4001 Registration fee \$ \_\_\_\_ . \_\_\_\_

Boys' Life fee \$ \_\_\_\_ . \_\_\_\_

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes" with the applicant or source listed. I believe the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of unit committee chairman

Date

I have reviewed this application and the responses to any questions answered "Yes" and the comments made by the unit leader approving the application. Neither I nor the religious or organizational leader of our organization is aware of any information indicating that the applicant does not possess the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of chartered organization head or representative

Date

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 of an adult in the Boy Scouts of America.

Signature of Scout executive or designee

Date

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 five 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?

LOCAL COUNCIL COPY Retain on file for three years.



# ADULT APPLICATION

524-501

## UNIT ADULTS (Fill in the circle.)

The information obtained in this form is for the internal use of the BSA only.

Pack

Troop

Team

Crew

Ship

Unit No.

OR

Council/district position code

District name

EXPIRE DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

TERM

\_\_\_\_

MONTHS

New leader

Former leader

Venturer

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

TRANSFER FROM:

COUNCIL NO.

\_\_\_\_

TYPE OF UNIT

\_\_\_\_

UNIT NO.

\_\_\_\_

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

First name (No initials or nicknames)

Middle name

Last name

Suffix

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country

Mailing address

City

State

Zip code

US

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone

Business phone

Ext.

Cell phone

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

X \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of birth (mm/dd/yyyy)

Ethnic background:

Black/African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Driver's license No.

State

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender

Social Security No. (required)

Occupation

Employer

M  F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country

Business address

City

State

Zip code

US

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position Code

Scouting position (description)

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

\_\_\_\_

\_\_\_\_\_

Yes  No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail address

Work

(Select one)

Home

\_\_\_\_\_ @ \_\_\_\_\_

**Boys' Life subscription**

I understand that:

- By submitting this application I am authorizing the Boy Scouts of America to obtain a background check using First Advantage, 1000 Alderman Drive, Alpharetta, GA 30005, and understand it will be used in determining my eligibility. I have reviewed and agreed to the terms and conditions regarding this check and your rights with respect to reviewing or obtaining copies of any information provided.
- I agree to complete Youth Protection training within 30 days of this application and abide by the youth protection requirements of the Boy Scouts of America (www.MyScouting.org).
- I hereby release and agree to hold harmless from liability any person or organization; local council; chartered organization; and the Boy Scouts of America and its officers, directors, employees, and volunteers for any injury or damage sustained in connection with my participation.
- I have read and affirm that I accept the Declaration of Religious Principle and qualifications for adult participation. I agree to comply with the rules and regulations of the Boy Scouts of America and the local council. I affirm that the information in this application is true and correct to the best of my knowledge and belief.

INITIALS REQUIRED

INITIALS REQUIRED

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INITIALS REQUIRED

Signature of applicant

Date

Registration fee \$

\_\_\_\_ . \_\_\_\_

Boys' Life fee \$

\_\_\_\_ . \_\_\_\_

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes" with the applicant or source listed. I believe the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of unit committee chairman

Date

I have reviewed this application and the responses to any questions answered "Yes" and the comments made by the unit leader approving the application. Neither I nor the religious or organizational leader of our organization is aware of any information indicating that the applicant does not possess the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of chartered organization head or representative

Date

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 of an adult in the Boy Scouts of America.

Signature of Scout executive or designee

Date

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 five 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? \_\_\_\_\_

CHARTERED ORGANIZATION COPY Retain on file for three years.





# ADULT APPLICATION

524-501

## UNIT ADULTS (Fill in the circle.)

The information obtained in this form is for the internal use of the BSA only.

Pack

Troop

Team

Crew

Ship

Unit No.

OR

Council/district position code

District name

EXPIRE DATE

TERM

MONTHS

New leader

Former leader

Venturer

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

TRANSFER FROM:

COUNCIL NO.

TYPE OF UNIT

UNIT NO.

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

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country

Mailing address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

Black/African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Driver's license No.

State

Gender

M  F

Social Security No. (required)

Occupation

Employer

Country

Business address

City

State

Zip code

Position Code

Scouting position (description)

Are you an Eagle Scout?

Yes  No

Date earned (mm/dd/yyyy)

E-mail address

(Select one)

Work

Home

Boys' Life subscription

I understand that:

- By submitting this application I am authorizing the Boy Scouts of America to obtain a background check using First Advantage, 1000 Alderman Drive, Alpharetta, GA 30005, and understand it will be used in determining my eligibility. I have reviewed and agreed to the terms and conditions regarding this check and your rights with respect to reviewing or obtaining copies of any information provided.
- I agree to complete Youth Protection training within 30 days of this application and abide by the youth protection requirements of the Boy Scouts of America (www.MyScouting.org).
- I hereby release and agree to hold harmless from liability any person or organization; local council; chartered organization; and the Boy Scouts of America and its officers, directors, employees, and volunteers for any injury or damage sustained in connection with my participation.
- I have read and affirm that I accept the Declaration of Religious Principle and qualifications for adult participation. I agree to comply with the rules and regulations of the Boy Scouts of America and the local council. I affirm that the information in this application is true and correct to the best of my knowledge and belief.

INITIALS  
REQUIRED

INITIALS  
REQUIRED

INITIALS  
REQUIRED

INITIALS  
REQUIRED

Signature of applicant

Date

Registration fee \$

Boys' Life fee \$

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes" with the applicant or source listed. I believe the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of unit committee chairman

Date

I have reviewed this application and the responses to any questions answered "Yes" and the comments made by the unit leader approving the application. Neither I nor the religious or organizational leader of our organization is aware of any information indicating that the applicant does not possess the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of chartered organization head or representative

Date

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 of an adult in the Boy Scouts of America.

Signature of Scout executive or designee

Date

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 five 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 (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

- 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:  Yes  No  
\_\_\_\_\_

- Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:  Yes  No  
\_\_\_\_\_

- Has your driver's license ever been suspended or revoked? Explain:  Yes  No  
\_\_\_\_\_

- Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:  Yes  No  
\_\_\_\_\_

- 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?  Yes  No  
\_\_\_\_\_

UNIT COPY

Retain on file for three years.



# ADULT APPLICATION

524-501

## UNIT ADULTS (Fill in the circle.)

The information obtained in this form is for the internal use of the BSA only.

Pack

Troop

Team

Crew

Ship

Unit No.

OR

Council/district position code

District name

EXPIRE DATE

TERM

MONTHS

New leader

Former leader

Venturer

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

TRANSFER FROM:

COUNCIL NO.

TYPE OF UNIT

UNIT NO.

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

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country

Mailing address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

Black/African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Driver's license No.

State

Gender

M  F

Social Security No. (required)

Occupation

Employer

Country

Business address

City

State

Zip code

Position Code

Scouting position (description)

Are you an Eagle Scout?

Yes  No

Date earned (mm/dd/yyyy)

E-mail address

(Select one)

Work

Home

Boys' Life subscription

I understand that:

- By submitting this application I am authorizing the Boy Scouts of America to obtain a background check using First Advantage, 1000 Alderman Drive, Alpharetta, GA 30005, and understand it will be used in determining my eligibility. I have reviewed and agreed to the terms and conditions regarding this check and your rights with respect to reviewing or obtaining copies of any information provided.
- I agree to complete Youth Protection training within 30 days of this application and abide by the youth protection requirements of the Boy Scouts of America (www.MyScouting.org).
- I hereby release and agree to hold harmless from liability any person or organization; local council; chartered organization; and the Boy Scouts of America and its officers, directors, employees, and volunteers for any injury or damage sustained in connection with my participation.
- I have read and affirm that I accept the Declaration of Religious Principle and qualifications for adult participation. I agree to comply with the rules and regulations of the Boy Scouts of America and the local council. I affirm that the information in this application is true and correct to the best of my knowledge and belief.

INITIALS  
REQUIRED

INITIALS  
REQUIRED

INITIALS  
REQUIRED

INITIALS  
REQUIRED

Signature of applicant

Date

Registration fee \$

Boys' Life fee \$

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes" with the applicant or source listed. I believe the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of unit committee chairman

Date

I have reviewed this application and the responses to any questions answered "Yes" and the comments made by the unit leader approving the application. Neither I nor the religious or organizational leader of our organization is aware of any information indicating that the applicant does not possess the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of chartered organization head or representative

Date

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 of an adult in the Boy Scouts of America.

Signature of Scout executive or designee

Date

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 five 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 (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

- 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? \_\_\_\_\_  
\_\_\_\_\_

APPLICANT COPY

Retain on file for three 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

Training for Cub Scout, Boy Scout, Varsity, and Venturing leaders as well as Youth Protection training programs are available at [www.MyScouting.org](http://www.MyScouting.org). Additional training opportunities and resources are available through your local council and [www.scouting.org/training](http://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)

- Cub Scout leaders** are considered trained when they have completed Youth Protection training\* and Cub Scout Leader Position-Specific Training\* (for their position).
- 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.
- Troop committee members** are considered trained when they have completed Youth Protection training\* and the Troop Committee Challenge\*.
- 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.
- Team committee members** are considered trained when they have completed Youth Protection training\* and Team Committee Challenge.
- Venturing crew Advisors and assistant Advisors** are considered trained when they have completed Youth Protection training\*, Venturing version\*, and Venturing Leader Specific Training.
- Crew committee members** are considered trained when they have completed Youth Protection training\*, Venturing version\*, and Crew Committee Challenge.

## 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](http://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.**

\*Available online at [www.MyScouting.org](http://www.MyScouting.org).