# **ADULT APPLICATION**

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 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.

Quality leadership is important in the training of youth as members of the Boy Scouts of America. This application helps select the best individuals for their volunteer roles. Thank you for completing all items in this application. 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 volunteers are expected to complete Youth Protection training. It is available online on the Web site www.scouting.org and each local council provides training to leaders on a regular basis throughout the year. As a volunteer, you are expected to complete the training within 90 days of assuming a leadership position.

For more information, refer to the back of the applicant copy.



<b>Purpose of the Boy Scouts of America</b> 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, citizen-	the home and organizator to religious life. Only p	ation o ersons	r group with which t willing to subscribe	the memb to these America s	er is c prece shall b	hat religious training. Its policy is that connected shall give definite attention pts from the Declaration of Religious e entitled to certificates of leadership.
ship training, and mental and physical fitness.	The englished much as					
Excerpt From Declaration of Religious Principle						al qualities that the Boy Scouts of The applicant must also be the correct
The Boy Scouts of America maintains that no member can grow into the best kind of citizen without						s Principle, and abide by the Scout Oath
recognizing an obligation to God and, therefore, recognizes the religious element in the training of the	or Promise, and the Sc				siigiou	s Finciple, and ablue by the Scout Oath
				al muat b		round by the board of the abortared
APPROVAL REQUIRED—UNIT SCOUTERS	organization or the cha				e appi	roved by the head of the chartered
<b>Unit committee chairman</b> approves all adult personnel except the chartered organization representa- tive and committee chairman.	Scout executive or de				ers.	
Chartered organization head or chartered organization representative. The chartered organization	APPR	ROVA	<b>REQUIRED</b> —CO	<b>DUNCIL</b> a	and D	DISTRICT SCOUTERS
representative is approved by the head of the chartered organization. Following approval by the unit	Scout executive or de	esigne	e must approve all (	council ar	id dist	rict Scouters.
<i>Scouting</i> magazine. This magazine is sent to all registered, paid adult members.			FEE CHART			UNIT POSITION CODE
<b>Boys' Life.</b> Registered adults get a special rate of \$12 a year (half the regular rate of \$24 a year). For a su	bscription to a great	Month		Boys'	CR	Chartered organization representative
magazine and up-to-date information on boys and Scouting, just attach the appropriate amount and fill in			is negistration	Life	CC MC	Committee chairman Committee member
Please calculate and remit the appropriate state and local taxes. On late registrations it may be necessary		1	.85		SM	Scoutmaster **
Qualification. Adults who are not citizens of the United States but who reside within the country may regis				0.00	SA	Assistant Scoutmaster**
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	2	1.70	2.00	NL NA	Crew Advisor Crew associate Advisor
the laws of the United States of America, and to subscribe to the precepts of the Declaration of Religious P		3	2.55	3.00	SK	Skipper
must be 21 years of age or older, except assistant Scoutmasters, assistant den leaders, assistant Cubmast	ters, assistant Webelos	4	3.40	4.00	MT	Mate
den leaders, and assistant Varsity Scout coaches, who must be 18 or older. No one may register in more the		5	4.25	5.00	VC VA	Varsity Scout Coach** Assistant Varsity Scout Coach**
same unit, except the chartered organization representative (who can multiple only as the committee chail					СМ	Cubmaster**
mittee member (MC)) and the ScoutParent unit coordinator (who may multiple as chartered organization re		6	5.10	6.00	CA WL	Assistant Cubmaster** Webelos den leader**
assistant den leader (DA), assistant Webelos den leader (WA), assistant Scoutmaster (SA), assistant Varsity	Scout Coach (VA),	7	5.95	7.00	WA	Assistant Webelos den leader**
mate (MT), and leader of the 11-year-old Scouts).	Chart tarm face are	8	6.80	8.00	DL	Den leader **
I submit my \$10 registration fee for one year, \$2 of which is to cover a subscription to <i>Scouting</i> magazine. pro rata amounts as indicated.	Short-term lees are	9	7.65	9.00	DA TL	Assistant den leader** Tiger Cub den leader
Ethnic Background Information. The BSA receives inquiries from various agencies regarding racial comp	position Plagea fill in	10	8.50	10.00	PT	Pack trainer
the appropriate circle on the application to indicate ethnic background.	JUSICIULI, LIEUSE IIII III				PC 42	ScoutParent unit coordinator Merit badge counselor
<b>BSA Privacy Policy.</b> The Boy Scouts of America protects the confidentiality of the names and personal info	ormation of those who	11	9.35	11.00	88	Lone Cub Scout friend and counselor**
are affiliated with the movement. No commercial or unauthorized use is made of the names, addresses, ar		12	10.00	12.00	96	Lone Scout friend and counselor**
information of members. Access to this information is strictly limited.					**Wi	Il receive Program Helps as inserts in <i>Scouting</i>
This application is designed to be an information-gathering aid. Answers given by the applicant are	e to be verified in					
those instances where a legitimate question arises as to his/her qualifications.			Tips for com			plication for Adult Membership:
INSTRUCTIONS				(Us	e blue	e or black ink)
Unit Scouters			Print-do not use			
1. Complete and sign the top copy. Keep the back copy (applicant copy) and give the remaining copies to	the committee chair-		-Use black or dark			
man with the proper fees.	accura the approvale		Press firmly when Print one letter only		how	
<ol> <li>After the application has been reviewed and, if necessary, references checked by the unit committee, a The process set forth in the publication <i>Selecting Quality Leaders</i>, No. 18-981, must be completed for</li> </ol>			Print one letter onl			ithin the blue boxes for legibility.
master, assistant Scoutmaster, Varsity Coach, and assistant Varsity Coach.	an positions of Scout-		-Fill in circles; do n			
<ol> <li>The committee chairman keeps the unit copy, gives one copy to the chartered organization, and forwa</li> </ol>	rds the remaining					gnatures on application.
copy to the local council service center for approval and processing.	ao aro romannig					Id affect the quality of the scan.
Council and District Scouters			lailing address exar			
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#### **Council and District Scouters**

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

### **Instructions:**

Please read and review the authorization and disclosure statement. Then sign and date at the bottom of this sheet. To complete your Boy Scouts of America Adult Application, this form and the signed application must be turned in together.

G.

#### **Disclosure/Authorization Form**

#### NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our care, 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 ChoicePoint, a consumer reporting agency, to provide the consumer reports. ChoicePoint may be contacted by mail at ChoicePoint, 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 ChoicePoint 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 ChoicePoint 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 ChoicePoint 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, ChoicePoint.

#### 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 Choice-Point, 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 ChoicePoint's 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. ChoicePoint 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 request, 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		

ADULT APPLICATION	28-501F This form	is read by machine. Please p	int the numbers and letters	s as shown: 12	3 4 5 6 7 8 9	0 A B C D E F G H I
	UNIT	SCOUTERS (Fill in the circle.)		Council/district pos	ition	1. Scouting background. Position Council Year
The information obtained in this form is for the internal use of the BSA only.	Pack Troop	Team Crew Sh		OR		
,			No.	District name		2. Experience working with youth in other
EXPIRE DATE / /	TERM	MONTHS ONew leader	Former leader			organizations.
If applicant has an unexpired membership certificate;	registration may be accomplis	shed in this unit by paying \$1 for proce	ssing the transfer. Mark and attach	certificate. It will be returne	ed by the council.	3. Previous residences (for last five years).
TRANSFER FROM: COUNCIL NO.	TYPE OF U	NIT	INIT NO.			City State
Please print one letter in each space—press hard; you a	re making three copies.					
First name (No initials or nicknames)	Middle nam	e La	st name		Suffix	4. Current memberships (religious, community
						<ol> <li>Current memberships (religious, community, business, labor, or professional organizations).</li> </ol>
Have you completed: Vouth Protection training	Fast Start train	ing				E Deferences Disco list these who are familiar
Country Mailing address		City		State	Zip code	<ol> <li>References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when</li> </ol>
						necessary.
Home phone	Business phone		Ext. Cell	phone		Name Telephone ()
	]	-	x	-	-	Name Telephone ( )
Date of birth (mm/dd/yyyy) Ethnic ba	ackground:		Driver's license No.		State	Name
	an American 🦳 Native Ame	rican 🔿 Alaska Native 🔵 Asian			State	Telephone ()
	asian/White 🔵 Hispanic/La					6. Additional information. Yes or No (Mark each answer.)
Gender Social Security number (required)	Occupati	ion 🔶	Employer			a. Do you use illegal drugs?
○ M. ○ F						<ul> <li>b. Have you ever been convicted of a criminal offense? (If yes, explain below.)</li> </ul>
Country Business address		City		State	Zip code	c. Have you ever been charged with
US						child neglect or abuse?
Position Code Scouting position (description)			Are you an Eagle Scou	ut? Date earned (mm/dd/y	/ууу)	d. Has your driver's license ever one suspended or revoked?
			Yes No	1	/	(If yes, explain below.) e. Other than the above, is there any
						fact or circumstance involving you or your background that would call
E-mail address Work (Select one) Home		@			<i>Boys' Life</i> subscription	into question your being entrusted with the supervision, guidance,
I understand that:		APPROVALS FOR UNIT SCOUTERS				and care of young people? (If yes, explain below.)
a. The information that I have provided may be verified, if ner or organizations named in this application, or by contacting a	cessary, by contacting persons	We are unaware of anything contrat according to BSA procedures and the				
that may have information concerning me, or by conducting I hereby release and agree to hold harmless from liability any	a criminal background check.				7	
that provides information. I also agree to hold harmless the council, Boy Scouts of America, and the officers, employees,	hartered organization, local					
<ul> <li>b. In signing this application, I have read the attached inform registration with the Boy Scouts of America. I agree to com</li> </ul>	nation and apply for	Signature of unit committee chairm	an	Date		NCIL AND DISTRICT SCOUTERS Inything contrary to the information
Bylaws, and the Rules and Regulations of the Boy Scouts of	America and the local council.				stated in this applica	tion. This application has been reviewed ocedures and this applicant meets the
I affirm that the information I have given on this form is true Youth Protection guidelines.	and correct. I will follow the	Signature of chartered organization	head or representative	Date		ions of the Boy Scouts of America:
Signature of applicant	Date	(ACCEPTED) Signature of Scout exe	cutive or designee	Date	Signature of Scout ex	xecutive or designee Date
4001 Registration fee \$		Boys' Life fee \$	LOCAL	COUNCIL COPY	Retain on file for three	years.

ADULT APPLICATION 28-501F			
Г	UNIT SCOUTERS (Fill in the circle.)	Council/district position	1. Scouting background. Position Council Year
The information obtained in this form is for the internal use of the BSA only.	Troop Team Crew Ship Unit No. OR		
	NU.	District name	2. Experience working with youth in other
EXPIRE DATE / / TER	MONTHS New leader Former leader		organizations.
If applicant has an unexpired membership certificate; registration may be	accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certific	cate. It will be returned by the co	ncil. 3. Previous residences (for last five years).
TRANSFER FROM: COUNCIL NO. T	YPE OF UNIT UNIT NO.		City State
Please print one letter in each space—press hard; you are making three co			0.#
First name (No initials or nicknames) Mi	ddle name Last name		Suffix 4. Current memberships (religious, community,
			business, labor, or professional organizations).
· · · · · · · · · · · · · · · · · · ·	Start training		5. References. Please list those who are familiar
Country Mailing address	City	State Zip code	with your character as it relates to working with youth. References will be checked when
			Name
Home phone Business phone	ne Ext. Cell phone		Telephone ()Name
	X		Telephone ()
Date of birth (mm/dd/yyyy) Ethnic background:	Driver's license No.		State Name
	ative American Alaska Native Asian spanic/Latino Pacific Islander Other		6. Additional information. Yes or No
Gender Social Security number (required)	spanic/Latino Pacific Islander Other Employer		(Mark each answer.) a. Do you use illegal drugs?
○ M ○ F			b. Have you ever been convicted of a criminal offense? (If yes, explain below.)
Country Business address	City	State Zip code	c. Have you ever been charged with child neglect or abuse?
Position Code Scouting position (description)	Are you an Eagle Scout? Da	ate earned (mm/dd/yyyy)	d. Has your driver's license ever been suspended or revoked?
	Yes No	/ / /	(If yes, explain below.) e. Other than the above, is there any
E-mail address Work (Select one) Home			fact or circumstance involving you orys' Life into question your background that would call into question your being entrusted with the supervision quidance
			and care of young people? (If yes,
I understand that: a. The information that I have provided may be verified, if necessary, by contacting		tion. This application has been re	viewed explain below.)
or organizations named in this application, or by contacting any person or organiz that may have information concerning me, or by conducting a criminal backgroun	d check.	ations of the Boy Scouts of Amer	
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	n, local		
council, Boy Scouts of America, and the officers, employees, and volunteers there b. In signing this application, I have read the attached information and apply for	- 3		ROVAL FOR COUNCIL AND DISTRICT SCOUTERS are unaware of anything contrary to the information
registration with the Boy Scouts of America. I agree to comply with the Charter a Bylaws, and the Rules and Regulations of the Boy Scouts of America and the loca	al council.	stat	ed in this application. This application has been reviewed
I affirm that the information I have given on this form is true and correct. I will fol Youth Protection guidelines.	low the Signature of chartered organization head or representative		rding to BSA procedures and this applicant meets the ership qualifications of the Boy Scouts of America:
Signature of applicant Date		Date Sigr	ature of Scout executive or designee Date
Registration fee \$	Boys' Life fee \$ • • • • • • • • • • • • • • • • • •	NIZATION COPY Retain	on file for three years.

ADULT APPLICATION 28-501F			
	UNIT SCOUTERS (Fill in the circle.)	Council/district position	1. Scouting background. Position Council Year
The information obtained in this form is for the internal use of the BSA only.	Troop Team Crew Ship Unit	OR	
,	No.	District name	2. Experience working with youth in other
EXPIRE DATE / /	TERM MONTHS New leader Former lead	ler	organizations.
O If applicant has an unexpired membership certificate; registration m	nay be accomplished in this unit by paying \$1 for processing the trans	sfer. Mark and attach certificate. It will be returned by	the council. 3. Previous residences (for last five years).
TRANSFER FROM: COUNCIL NO.	TYPE OF UNIT UNIT NO.		City State
Please print one letter in each space—press hard; you are making th			
First name (No initials or nicknames)	Middle name Last name		Suffix 4. Current memberships (religious, community,
			business, labor, or professional organizations)
Have you completed: Youth Protection training	Fast Start training		5. References. Please list those who are familiar
Country Mailing address	City	State Zi	p code with your character as it relates to working with youth. References will be checked when
			Name
Home phone Busines	ss phone Ext.	Cell phone	Telephone ()           Name
	X		- Telephone ()
Date of birth (mm/dd/yyyy) Ethnic background:	Driver's licer	nse No.	State Name Telephone ( )
/ / African American Caucasian/White	Native American Alaska Native Asian		6. Additional information. Yes or N
			(Mark and anowar)
Gender Social Security number (required)	Hispanic/Latino Pacific Islander Other Occupation	Employer	a. Do you use illegal drugs?
		Employer	
Gender Social Security number (required)			a. Do you use illegal drugs? b. Have you ever been convicted of a criminal offense? (If yes, explain below.) c. Have you ever been charged with
Gender Social Security number (required)	Occupation		a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?
Gender Social Security number (required)	Occupation City		a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked?
Gender     Social Security number (required)       M     F       Country     Business address	Occupation City	State Zij	a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Other than the above, is there any
Gender     Social Security number (required)       M     F       Country     Business address	Occupation City	State Zip	a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted
Gender       Social Security number (required)         M       F         Country       Business address         U       S         Position Code       Scouting position (description)         E-mail address       Work         Home       Home	Occupation City A	State Zip	a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes,
Gender       Social Security number (required)         M       F         Country       Business address         U       S         Position Code       Scouting position (description)         E-mail address       Work         Home       Independent of the start of	Occupation City A City A A A A A A A A A A A A A A A A A A A	State Zip	a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)
Gender       Social Security number (required)         M       F         Country       Business address         U       S         Position Code       Scouting position (description)         E-mail address       Work         Home       Home         I understand that:       a. The information that I have provided may be verified, if necessary, by cor or organizations named in this application, or by contacting any person or or organizations named in this application, or by conducting a criminal back	Occupation City A City A A A A A A A A A A A A A A A A A A A	State Zig	a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)
Gender       Social Security number (required)         M       F         Country       Business address         U       S         Position Code       Scouting position (description)         E-mail address       Work         Home       Home         I understand that:       a. The information that I have provided may be verified, if necessary, by cor or organizations named in this application, or by conducting any person or or that may have information concerning me, or by conducting any person or or that may have information. I also agree to hold harmless the chartered organ	Occupation City City A A A A A A A A A A A A A A A A A A A	State       Zig         state <td>a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)</td>	a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)
Gender       Social Security number (required)         M       F         Country       Business address         US       Social security number (required)         Position Code       Scouting position (description)         E-mail address       Work         Home       Home         I understand that:       a. The information that I have provided may be verified, if necessary, by cor or or or or anizations named in this application, or by conducting any person or or that may have information concerning me, or by conducting a criminal bac I hereby release and agree to hold harmless from liability any person or or that provides information. I also agree to hold harmless the chartered orgat council, Boy Scouts of America, and the officers, employees, and volunteers b. In signing this application, I have read the attached information and application.	Occupation City City A City A A A A A A A A A A A A A	State Zip	a. Do you use illegal drugs?         b. Have you ever been convicted of a criminal offense? (If yes, explain below.)         c. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Have you ever been charged with child neglect or abuse?         d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)         e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)         peeen reviewed f America:         APPROVAL FOR COUNCIL AND DISTRICT SCOUTERS
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ADULT APPLICATION 28-501F			
<b>г</b>	UNIT SCOUTERS (Fill in the circle.)	Council/district position	1. Scouting background. Position Council Year
The information obtained in this form is for the internal use of the BSA only.	Troop Team Crew Ship Unit	OR	
	No.	District name	2. Experience working with youth in other
EXPIRE DATE / /	TERM MONTHS New leader Former leader		organizations.
O If applicant has an unexpired membership certificate; registration m	ay be accomplished in this unit by paying \$1 for processing the transfer. Mark	and attach certificate. It will be returned by the council.	3. Previous residences (for last five years).
TRANSFER FROM: COUNCIL NO.	TYPE OF UNIT UNIT NO.		City State
Please print one letter in each space—press hard; you are making th			
First name (No initials or nicknames)	Middle name Last name	Suffix	4. Current memberships (religious, community,
			business, labor, or professional organizations).
Have you completed: Vouth Protection training	Fast Start training		5. References. Please list those who are familiar
Country Mailing address	City	State Zip code	with your character as it relates to working with youth. References will be checked when
			necessary. Name
Home phone Busines	ss phone Ext.	Cell phone	Telephone ()
	X		Name Telephone ()_
Date of birth (mm/dd/yyyy) Ethnic background:	Driver's license No.	s	tate Name
/ / African American Caucasian/White	Native American     Alaska Native     Asian       Hispanic/Latino     Pacific Islander     Other		Telephone ()           6. Additional information.         Yes or No
	Hispanic/Latino Pacific Islander Other		(Mark each answer.)
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## Training for New Volunteers



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.

#### **Every Boy Deserves a Trained Leader**

First things first! There are two types of training to begin your road to success. They are Fast Start Orientation, which presents a quick introduction to get new volunteers ready for your first meeting or activity, and Youth Protection training.

#### 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 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.
- 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 14 through 20 in the coeducational Venturing program. It deals with issues pertinent to this age group.

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The Boy Scouts of America has adopted these policies primarily for the protection of our youth members; however, they also serve to protect our adult volunteers and leaders from false accusations of abuse.



Two-deep leadership—No one-on-one contact—Respecting privacy—Reporting problems So, How Do I Begin? Online or at Your Council Service Center!

Fast Start training for Cub Scout, Boy Scout, and Venturing leaders as well as Youth Protection training programs are available through your local council's Web site and service center. Online training is convenient. Your council's Web site may have an icon for Youth Protection training, or you can check under "Training" or "Resources."

Don't know your council's Web address? Go to www.scouting.org and select the training that fits your needs.

You are expected to complete Youth Protection Guidelines: Training for Volunteer Leaders and Parents or, if you are involved in Venturing, Youth Protection Guidelines: Training for Adult Venturing Leaders within the first 90 days of your registration.

#### What Makes a Trained Leader? (Check when completed)

#### □ Youth Protection Guidelines

- **Cub Scout leaders** are considered trained when they have completed Fast Start training, Youth Protection training, Cub Scout Leader Position Specific Training, and New Leader Essentials.
- Scoutmasters and assistant Scoutmasters are considered trained when they have completed New Leader Essentials, Scoutmaster and Assistant Scoutmaster Leader Specific Training, and Introduction to Outdoor Leader Skills.
- Troop committee members are considered trained when they have completed New Leader Essentials and the Troop Committee Challenge as their leader-specific training.
- □ Varsity Scout leaders and assistants are considered trained when they have completed New Leader Essentials, 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 New Leader Essentials and Venturing Leader Specific Training.

#### **National Parent Initiative**

The National Parent Initiative 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. 3. Be part of their unit's program—both weekly meetings and outings. 5. Coach them on their advancement and earning of recognition awards.
- 2. Go to and observe their meetings. 4. Support the program financially.

6. Help in at least one support role during the year.