



Boy Scouts of America

MERIT BADGE COUNSELOR INFORMATION



(Please type or print legibly.)

Name* _____ Primary phone* _____ Home Cell Work

Address* _____ Other phone _____ Home Cell Work

City/state/zip* _____ Other phone _____ Home Cell Work

Email address* _____ I do not have email. DOB Age _____

District Redwood Stanford Discovery Unit: Troop Crew Ship No. _____ BSA ID _____
on your YPT cert

I am not affiliated with a district. I am not affiliated with a unit. Male Female

*Required field. Primary phone and email address indicate how Scouts should contact you.

To qualify as a merit badge counselor, you must

- Be at least 18 years old and of good character.
- Be registered with the Boy Scouts of America (position code 42).
- Complete Youth Protection training.
- Be recognized as having the skills and education in the merit badge subjects covered and hold any required qualifications and training as outlined in the *Guide to Safe Scouting* or the *Guide to Advancement*—or use others so qualified.
- Be able to work with Scout-age youth.

As a merit badge counselor, I agree to

- Follow the requirements of the merit badge, making no deletions or additions, ensuring that the advancement standards are fair and uniform for all Scouts.
- Have each Scout accompanied by another person during all instructional sessions.
- Keep my Youth Protection training current.
- Renew my registration annually if I plan to continue as a merit badge counselor.

Merit Badges <i>For more than eight merit badges, attach additional sheets.</i>	Add (A) Drop (D)	For each merit badge, list qualification(s) that support your request. <i>Qualifications could include college degrees, formal training certificates, positions held, and specific life experiences.</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

A = Adding a new merit badge that you will counsel to the roster. D = Removing your name from the roster for this merit badge.

Complete the following:

- This is a new application (first time to register as a merit badge counselor).
Attach this form to the BSA Adult Application, indicating position code 42.
- This is an update to an existing list of merit badge subjects.
- I no longer wish to serve as a merit badge counselor.

Youth Protection training date _____ on your YPT cert
(Attach copy of the current certificate.)

I agree to work with:

- All Scouts
- All Scouts in these districts: _____
- Only with Scouts in these units (indicate whether troop, crew, or ship): _____

Counselors are encouraged to be available to work with any Scout in any unit.

I plan to serve as a merit badge counselor for this event or outside organization: _____

Council Approval:

Name (print) _____

Position _____

Date _____

Signature _____ Date _____

BSA ADULT APPLICATION

Please print one letter in each space.

First name (Full legal name)

Middle name

Last name

Suffix

Preferred nickname:

Country

Home address

City

State

Zip code

Primary phone

Alternate phone

Ext.

Date of birth (mm/dd/yyyy)

REQUIRED

 - - X / /

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)

REQUIRED

Occupation

Employer

 - -

Country

Business address

City

State

Zip code

Position code

Scouting position title

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

Merit Badge Counselor

Yes No

 / /

Email address (Select one)

Work
 Home

 Boys' Life subscription

I hereby certify that:

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

REQUIRED

INITIALS
REQUIRED

Signature of applicant

REQUIRED

Date

INITIALS
REQUIRED

YPT completion certificate attached

Background Check Authorization form attached

DO NOT FILL OUT THE BELOW SECTION

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

Unit type: Pack Troop New leader Position change Crew Ship Former leader Participant

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

- Transfer application
 Multiple application

Enter membership number from unexpired certificate:

Unit No.

OR

District name

Council No.:

Unit type: Pack Troop Crew Ship

Unit No. or District name:

Registration fee \$

Boys' Life fee \$

PAID: Cash Check No. _____ Credit card

All questions MUST be answered. Write NONE if applicable.

- Scouting background. **REQUIRED**
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. (Mark each answer.) Yes No
 - 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: Yes No
 - 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

ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION

Additional Disclosures

The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.

Minnesota: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

New York: Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the “Company”) may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Company at Boy Scouts of America, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving Texas 75015-2079. You may also contact the Company by email at MembershipStandards@scouting.org.

AUTHORIZATION

(Please print)

Name: First _____ Middle _____ Last _____ Suffix _____

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

Date of Birth: _____ Unit Type and Number: _____

To the extent permitted by applicable law, I hereby consent to and authorize the Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the “Company”) to procure consumer report(s) (as defined by federal law) and/or investigative consumer report(s) (as defined by applicable California state law), which in my case means criminal background check(s)/driving record(s), on my background from a consumer reporting agency (“CRA”) or from an investigative consumer reporting agency (“ICRA”), as described in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)** (each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. This authorization applies only to criminal checks/driving records and does not allow the Company to obtain credit checks. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & 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 in my case means criminal background check(s)/driving record(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 local councils and/or chartered organizations 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: 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 _____