

ADULT APPLICATION

28-501F

UNIT SCOUTERS (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

District name

EXPIRE DATE / / TERM MONTHS New leader Former leader

If applicant has an unexpired membership certificate, registration may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

TRANSFER FROM: COUNCIL NO. TYPE OF 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

Have you completed: Youth Protection training Fast Start training

Country Mailing address City State Zip code

Home phone - - Business phone - - X Ext. Cell phone - -

Date of birth (mm/dd/yyyy) / / Ethnic background: African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other Driver's license No. State

Gender M F Social Security number (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:
 a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.
 b. In signing this application, I have read the attached information and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. I affirm that the information I have given on this form is true and correct. I will follow the Youth Protection guidelines.

Signature of applicant Date

APPROVALS FOR UNIT SCOUTERS

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America:

Signature of unit committee chairman Date

Signature of chartered organization head or representative Date

(ACCEPTED) Signature of Scout executive or designee Date

1. Scouting background. Position Council Year

2. Experience working with youth in other organizations.

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 as it relates to working with youth. References will be checked when necessary.

Name

Telephone ()

Name

Telephone ()

Name

Telephone ()

6. Additional information. Yes or No (Mark each answer.)

a. Do you use illegal drugs? Yes No

b. Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes No

c. Have you ever been charged with child neglect or abuse? Yes No

d. Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes No

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.) Yes No

APPROVAL FOR COUNCIL AND DISTRICT SCOUTERS

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America:

Signature of Scout executive or designee Date