ADULT APPLICATION

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

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

UNIT SCOUTERS **(Fill in the circle.)**

○ 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

US

Home phone ___ - ___ - ____ Business phone ___ - ___ - ____ Ext. ____ Cell phone ___ - ___ - ____

Date of birth (mm/dd/yyyy) __ / __ / ____

Ethnic background:
○ African American ○ American Indian ○ 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

US

Position Code Position (Description)

Are you an Eagle Scout? ○ Yes ○ No Date earned (mm/dd/yyyy) __ / __ / ____

E-mail address **(Select one)** ○ Business ○ Home

○ *Boys' Life* subscription

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. (Mark each answer.) Yes or No

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.) ○ ○

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

Registration fee $ __.__

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

Boys' Life fee $ __.__

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

LOCAL COUNCIL COPY

Retain on file for three years.

28-501E