

# BSA ADULT APPLICATION

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

First name **(No initials or nicknames)** Middle name Last name Suffix

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Preferred nickname:

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Country Home address City State Zip code

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Home phone Business phone Ext. Cell phone

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Date of birth (mm/dd/yyyy) Ethnic background: Driver's license No. State

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Gender Social Security No. (required) Occupation Employer

<input type="radio"/> M <input type="radio"/> F			
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Country Business address City State Zip code

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Position Code Scouting position (description) Are you an Eagle Scout? Date earned (mm/dd/yyyy)

		<input type="radio"/> Yes <input type="radio"/> No			
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Email address (Select one) Work Home Boys' Life subscription

<input type="radio"/> Work		@		<input type="radio"/> <b>Boys' Life subscription</b>
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I hereby certify that:  
 1. 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. INITIALS REQUIRED

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Signature of applicant Date

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

YPT completion certificate attached  Background Check Authorization form attached

### 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.

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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 to be an adult leader in the BSA.

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Signature of Scout executive or designee Date

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

<input type="radio"/> New leader	<input type="radio"/> Position change	<input type="radio"/> Transfer application	Enter membership number from unexpired certificate:	
Unit Type: <input type="radio"/> Pack <input type="radio"/> Troop <input type="radio"/> Crew <input type="radio"/> Ship	<input type="radio"/> Former leader <input type="radio"/> Participant	Transfer from council number:		Unit type: <input type="radio"/> Pack <input type="radio"/> Troop <input type="radio"/> Crew <input type="radio"/> Ship
District name		Unit No.:		

Unit No.  OR

Term:  Months Registration fee \$  Boys' Life fee \$

LOCAL COUNCIL COPY

**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.
 

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3. Previous residences (for last 10 years).
 

City	State
4. Current memberships (religious, community, business, labor, or professional organizations).
 

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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:
 

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  - b. Do you use illegal drugs or abuse alcohol? Explain:
 

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  - c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
 

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  - d. Has your driver's license ever been suspended or revoked? Explain:
 

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  - e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
 

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  - 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?
 

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## **BACKGROUND CHECK DISCLOSURE**

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency (“CRA”) to Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”).

Company may obtain a consumer report on you to be used for employment purposes (in your case, this means for the purpose of evaluating you as a new or existing volunteer).

# 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, successors, and/or assigns (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](mailto: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, successors, and/or assigns (the "Company") to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(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** (which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure**, 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 may include criminal background check(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 current or prospective clients, customers, others with a need to know, and/or their agents 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 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 \_\_\_\_\_