

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)

Ethnic background:

Driver's license No.

State

Gender

Black/African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other

M F

Social Security No. (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)

Yes No

Email address (Select one)

Work Home

Scout Life subscription

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

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.

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.

District name

OR

Council No.:

GGAC = "023"

Unit type: Pack Troop Crew Ship

Unit No. or District name:

Registration fee \$

Scout Life fee \$

PAID: Cash Check No. _____ Credit card

All questions MUST be answered. Write NONE if applicable.

- Scouting background. 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: _____
 - Do you use illegal drugs or abuse alcohol? Explain: _____
 - Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: _____
 - Has your driver's license ever been suspended or revoked? Explain: _____
 - Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: _____
 - 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? _____

BACKGROUND CHECK AUTHORIZATION

(Please print)

Name: First _____ Middle _____ Last _____ Suffix _____

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

Date of birth: _____ Unit Type
& Number

To the extent permitted by applicable law, I hereby consent to and authorize 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) (as defined by applicable California law), 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 **Additional Disclosures** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **Additional Disclosures**, as well as this **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 **California, Minnesota, or Oklahoma individuals only**: 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 _____

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City

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 Hispanic/Latino
 Pacific Islander
 Other

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State

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- M
 F

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Position code

Scouting position title

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

- Yes
 No

Email address (Select one)

- Work
 Home

 Scout Life subscription

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 Multiple application

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OR

District name

Council No.:

- Unit type: Pack Troop
 Crew Ship

Unit No. or District name:

MDSC = "023"

Registration fee \$

Scout Life fee \$

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b. Do you use illegal drugs or abuse alcohol? Explain: _____	<input type="radio"/>	<input type="radio"/>
c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: _____	<input type="radio"/>	<input type="radio"/>
d. Has your driver's license ever been suspended or revoked? Explain: _____	<input type="radio"/>	<input type="radio"/>
e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: _____	<input type="radio"/>	<input type="radio"/>
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? _____	<input type="radio"/>	<input type="radio"/>