

ADULT APPLICATION

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

UNIT SCOUTERS

Check one
 Pack No.
 Troop No. 411
 Team No.
 Crew No.
 Ship No.

OR

COUNCIL/DISTRICT/DIVISION SCOUTERS

Council/District/Division 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. Check the box and attach certificate. It will be returned by the council.

TRANSFER FROM: COUNCIL NO. _____ UNIT TYPE _____ UNIT NO. _____

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

First name: JOHN Middle name: QUINCY Last name: DOE Suffix: _____

Social Security Number (required): 327-57-1968 Country: USA

Address: 123 S. MAIN ST City: FORT WAYNE State: IN Zip code: 46815

Home phone: 260-745-1340 Business phone: 260-482-1155 Training Code (see cover): _____ Date: 05302006

Date of birth: 07-04-70 Ethnic background: AA—African American CA—Caucasian HA—Hispanic/Latino AS—Asian OT—Other
 Driver's license no.: 3296-46-5512 State: IN Expiration: 06/12

Sex: M Occupation: BRICK LAYER Employer: AMERICAN BRICK Are you an Eagle Scout? Yes No Date earned: _____ mm/dd/yyyy

Business address: 1425 S. CALHOUN ST City: FORT WAYNE State: IN Zip code: 46802

Program: BOY SCOUT Position code: MB Position (Description): MERIT BADGE COUNSELOR Boys' Life: Business: Home: Home Page: E-mail address: JQDOE@VERIZON.NET

1. Scouting background.
 Position: BOY SCOUT Council: AWAC Year: 1985-88

2. Experience working with youth in other organizations.
COACHED LITTLE LEAGUE.
HAVE 12 KIDS.

3. Previous residences (for last five years).
 City: _____ State: _____
SAME AS ABOVE

4. Current memberships (religious, community, business, labor, or professional organizations).
BRICK LAYER UNION
1ST PRESBYTERIAN CHURCH

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: ALFRED E. NEUMAN
 Telephone: 212-456-5555
 Name: GEORGE WASHINGTON
 Telephone: (212) 555-5555
 Name: BEN BRONKLIN
 Telephone: (311) 555-5555

Registration fee: \$ _____ Boys' Life fee: \$ _____

Retain on file for three years.

6. Additional information. (circle 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

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.

X John Q. Doe 5-1-06
 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 chartered organization representative _____
 Date: _____

ACCEPTED

Signature of Scout executive or designee _____
 Date: _____

APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION 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