

BOY SCOUTS OF AMERICA ADULT APPLICATION

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

Please print one letter in each space

UNIT SCOUTERS	
Check one	
<input type="checkbox"/> Pack No. _____	
<input type="checkbox"/> Troop No. _____	
<input type="checkbox"/> Team No. _____	
<input type="checkbox"/> Post No. _____	
<input type="checkbox"/> Ship No. _____	

OR

COUNCIL/DISTRICT/DIVISION SCOUTERS	
Council/District/Division Position	<input type="text"/>
District Name	<input type="text"/>

First Name and Initial	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address-street of R.F.D.	Additional address information (if necessary)
<input type="text"/>	<input type="text"/>

City	State	Zip	Race
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone	Business phone	Date of birth	Training (see cover)	Position Code (see cover)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month Day Year		

Occupation, employer, and business address	Years at this employment	Boys Life	New Leader	Transfer	Former Leader	Sex	Unit Position	U.S Citizen
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver's license no. _____ State _____ Expiration _____

Are you an Eagle Scout? Y N

- Scouting Background
Position _____ Council _____ Year _____
- Experience working with youth in other organizations
- Previous Residences (for last 5 years)
City _____ State _____

- Additional Information
 - Do you use illegal drugs? Yes No
 - Have you ever been convicted of a criminal offense (if yes, explain below) Yes No
 - Have you ever been charged with child neglect or abuse? Yes No
 - Has your drivers license ever been suspended or revoked? (if yes, explain below) Yes No
 - 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

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 procedure and this applicant meets the leadership standard of the Boy Scouts of America:

Signature of unit committee chairman _____
Date _____

Signature of chartered organization head or chartered organization representative _____
Date _____

- Current memberships (religious, community, business, Labor, or professional).
- References. Please list those who are familiar with your character as it relates to working with youth. Reference will be checked when necessary.
Name _____
Telephone () _____
Name _____
Telephone () _____
Name _____
Telephone () _____

I understand that:

- 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.
- 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.

Signature of applicant _____ 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 procedure and this applicant meets the leadership standard of the Boy Scouts of America:

Signature of Scout executive or designee _____
Date _____

Registration Fee	Boys Life Fee	Term (months)	Unit Renewal Date	Transfer From:	FOR COUNCIL USE		
\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Council	National Unit Number	Member ID Number	
				<input type="text"/>	<input type="text"/>	<input type="text"/>	
				Occupation Code	Employer Code		
				<input type="text"/>	<input type="text"/>		

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