



Boy Scouts of America MERIT BADGE COUNSELOR INFORMATION

(Please type or print.)

Name _____ Age _____ Business phone (____) _____

Address _____ Home phone (____) _____

City _____ State _____ Zip code _____

To qualify as a merit badge counselor, you must

- Be at least 18 years old.
- Be proficient in the merit badge subject by vocation, avocation, or special training.
- Be able to work with Scout-age boys.
- Be registered with the Boy Scouts of America.

As a merit badge counselor, I agree to

- Follow the requirements of the merit badge, making no deletions or additions, ensuring that the advancement standards are fair and uniform for all Scouts.
- Have a Scout and his buddy present at all instructional sessions.
- Renew my registration annually if I plan to continue as a merit badge counselor.

	Vocation Is this subject in line with your job, business, or profession? If yes, give brief information on the reverse side.	Avocation Do you follow this subject as a hobby, having more than a "working knowledge" of the requirements? If yes, give brief information on the reverse side.	Special training If not, do you have any special training or other qualifications for this subject? If yes, give brief information on the reverse side.
List merit badge subjects here.			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			

CHECK ONE:

I wish to work only with _____
Unit number

I wish to work with all units.

Signature _____ Date _____

Note: The BSA Adult Registration Application must be attached.

Council approval by _____ Date _____

#34405



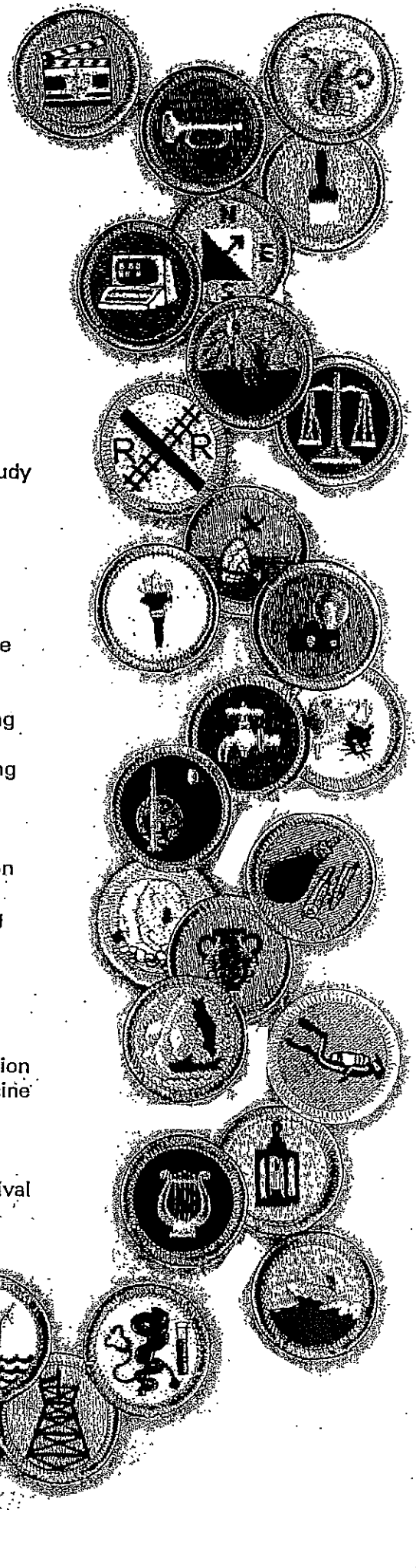
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Merit Badges

American Business
 American Cultures
 American Heritage
 American Labor
 Animal Science
 Archaeology
 Archery
 Architecture
 Art
 Astronomy
 Athletics
 Auto Mechanics
 Aviation
 Backpacking
 Basketry
 Bird Study
 Bugling
 Camping
 Canoeing
 Chemistry
 Cinematography
 Citizenship in the
 Community
 Citizenship in
 the Nation
 Citizenship in
 the World
 Climbing
 Coin Collecting
 Collections
 Communications
 Composite Materials
 Computers
 Cooking
 Crime Prevention
 Cycling
 Dentistry
 Disabilities Awareness
 Dog Care
 Drafting
 Electricity
 Electronics
 Emergency
 Preparedness
 Energy

Engineering
 Entrepreneurship
 Environmental
 Science
 Family Life
 Farm Mechanics
 Fingerprinting
 Fire Safety
 First Aid
 Fish and Wildlife
 Management
 Fishing
 Fly-Fishing
 Forestry
 Gardening
 Genealogy
 Geocaching
 Geology
 Golf
 Graphic Arts
 Hiking
 Home Repairs
 Horsemanship
 Indian Lore
 Insect Study
 Inventing
 Journalism
 Landscape Architecture
 Law
 Leatherwork
 Lifesaving
 Mammal Study
 Medicine
 Metalwork
 Model Design and
 Building
 Motorboating
 Music
 Nature
 Nuclear Science
 Oceanography
 Orienteering
 Painting
 Personal Fitness
 Personal Management

Pets
 Photography
 Pioneering
 Plant Science
 Plumbing
 Pottery
 Public Health
 Public Speaking
 Pulp and Paper
 Radio
 Railroad
 Reading
 Reptile and
 Amphibian Study
 Rifle Shooting
 Robotics
 Rowing
 Safety
 Salesmanship
 Scholarship
 Scouting Heritage
 Scuba Diving
 Sculpture
 Shotgun Shooting
 Skating
 Small-Boat Sailing
 Snow Sports
 Soil and Water
 Conservation
 Space Exploration
 Sports
 Stamp Collecting
 Surveying
 Swimming
 Textile
 Theater
 Traffic Safety
 Truck Transportation
 Veterinary Medicine
 Water Sports
 Weather
 Whitewater
 Wilderness Survival
 Wood Carving
 Woodwork



ADULT APPLICATION

524-501A

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.)

Troop Team Crew Ship Unit No.
 TERM / MONTHS New leader Former leader District name
 Pack OR Council/district position Year

EXPRE DATE / / COUNCIL NO. TYPE OF UNIT UNIT NO. Last name Suffix
 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. Last name Suffix

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

First name (No initials or nicknames)

Middle name

Last name

Have you completed: Youth Protection training Fast Start training

Country Mailing address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

Black/African American Native American
 Caucasian/White Hispanic/Latino Asian Other

Driver's license No.

State

Telephone ()

Yes or No

Gender Social Security No. (required)

M

F

Country Business address

City

State

Zip code

Position Code Scouting position (description)

Are you an Eagle Scout? Date earned (mm/dd/yyyy)

Yes No

/ /

E-mail address (Select one) Work Home

@

Boys' Life subscription

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. I have completed Youth Protection training and will follow the Youth Protection guidelines.

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

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 chartered organization head or representative

Date

Signature of applicant

(ACCEPTED) Signature of Scout executive or designee

Date

Signature of Scout executive or designee

Date

Registration fee \$

Boys' Life fee \$

LOCAL COUNCIL COPY

Retain on file for three years.

DISCLOSURE/AUTHORIZATION FORM

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our program, the Boy Scouts of America will procure consumer reports on you in connection with your application to serve as a volunteer, and the Boy Scouts of America may procure additional consumer reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The Boy Scouts of America has contracted with LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by LexisNexis from public record sources. **The consumer reports will not include credit record checks or motor vehicle record checks.**

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to LexisNexis at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize the Boy Scouts of America and LexisNexis to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a volunteer position with the Boy Scouts of America. I also understand that as long as I remain a volunteer, additional consumer reports may be procured at any time. I understand that if the Boy Scouts of America chooses not to accept my application or to revoke my membership based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, LexisNexis.

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

First name (No initials or nicknames) Please print.

Middle name

Last name

Suffix

Signature of applicant

Date

Unit No.

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

California

Under California law, the consumer reports described above that the Boy Scouts of America will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by LexisNexis, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at LexisNexis offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. LexisNexis will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

I request a free copy of any report procured on me.

New York

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with the Boy Scouts of America. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.