ADULT APPLICATION

524-501

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 ADULTS **(Fill in the circle.)** ○ Pack ○ Troop ○ Team ● Crew ○ Ship Unit No. 75

Council/district position code: NoBe Camp Staff

OR District name

EXPIRE DATE ___ / ___ / ____ TERM ___ MONTHS ○ New leader ○ Former leader ○ Venturer

○ If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

TRANSFER FROM: COUNCIL NO. ___ TYPE OF UNIT ___ UNIT NO. ___

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

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

Country (US) | Mailing address | City | State | Zip code

Home phone ___ - ___ - ____ | Business phone ___ - ___ - ____ X Ext. | Cell phone ___ - ___ - ____

Date of birth (mm/dd/yyyy) ___ / ___ / ____

Ethnic background: ○ Black/African American ○ Native American ○ Alaska Native ○ Asian ○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

Driver's license No. | State

Gender ○ M ○ F

Social Security No. **(required)** ___ - ___ - ____

Occupation | Employer

Country (US) | Business address | City | State | Zip code

Position Code | Scouting position (description)

Are you an Eagle Scout? ○ Yes ○ No Date earned (mm/dd/yyyy) ___ / ___ / ____

E-mail address **(Select one)** ○ Work ○ Home ___ @ ___

○ ***Boys' Life*** **subscription**

I understand that:

1. By submitting this application I am authorizing the Boy Scouts of America to obtain a background check using First Advantage, 1000 Alderman Drive, Alpharetta, GA 30005, and understand it will be used in determining my eligibility. I have reviewed and agreed to the terms and conditions regarding this check and your rights with respect to reviewing or obtaining copies of any information provided. INITIALS REQUIRED ____
2. I agree to complete Youth Protection training within 30 days of this application and abide by the youth protection requirements of the Boy Scouts of America (www.MyScouting.org). INITIALS REQUIRED ____
3. I hereby release and agree to hold harmless from liability any person or organization; local council; chartered organization; and the Boy Scouts of America and its officers, directors, employees, and volunteers for any injury or damage sustained in connection with my participation. INITIALS REQUIRED ____
4. I have read and affirm that I accept the Declaration of Religious Principle and qualifications for adult participation. I agree to comply with the rules and regulations of the Boy Scouts of America and the local council. I affirm that the information in this application is true and correct to the best of my knowledge and belief. INITIALS REQUIRED ____

Signature of applicant Date

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes" with the applicant or source listed. I believe the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of unit committee chairman Date

I have reviewed this application and the responses to any questions answered "Yes" and the comments made by the unit leader approving the application. Neither I nor the religious or organizational leader of our organization is aware of any information indicating that the applicant does not possess the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

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 of an adult in the Boy Scouts of America.

Signature of Scout executive or designee Date

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.
3. Previous residences (for last five years).
   City State
4. Current memberships (religious, community, business, labor, or professional organizations).
5. References. Please list those who are familiar with your character. References may be checked.
   Name
   Telephone (____)
   Name
   Telephone (____)
   Name
   Telephone (____)
6. Additional information. (Mark each answer.) Yes No
   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: ○ ○
   b. Do you use illegal drugs or abuse alcohol? Explain: ○ ○
   c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: ○ ○
   d. Has your driver's license ever been suspended or revoked? Explain: ○ ○
   e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: ○ ○
   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? ○ ○

4001

Registration fee $ ___.___ *Boys' Life* fee $ ___.___

LOCAL COUNCIL COPY
Retain on file for three years.