

FUNDING THE PROOGRAM







GETTING INVOLVED

Thank you for volunteering as an Adult Scouter! Without you, this program could not exist.

We need volunteers to help with:
Den Meetings (Den Leaders)
Pack Meetings (Assistant Cubmasters)
Activity Planning (Committee Members)

Even if you do not take on a year-round volunteer role, we need each family to help with some part of our program and events.

JOIN ONLINE

Many Cub Scout Packs allow for online registrations. If you or your friends are interested in joining, share this link or direct them to www.BeAScout.org.

Just for signing up, you'll receive a **FREE** model rocket to start your Scouting Adventure!



THE ADULT APPLICATION

Please fill out your application. The pack will sign off and our council will complete a criminal background check before your application is approved. You must also complete Youth Protection Training (available at My.Scouting.org).

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. Pack Troop Team Crew Ship Unit No. _____ OR _____

UNIT ADULTS (Fill in the circle.) Council/district position code _____ District name _____

EXPIRE DATE: ____/____/____ TERM: ____ MONTHS Now 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 _____ 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 Alaska Native Asian Driver's license No. _____ State _____
 Caucasian/White Hispanic/Latino Pacific Islander Other _____

Gender: M F Social Security No. (required) _____ Occupation _____ Employer _____

Country _____ 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 Ardmore 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.
 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).
 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.
 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 accurate to the best of my knowledge and belief.

INITIALS REQUIRED _____
 INITIALS REQUIRED _____
 INITIALS REQUIRED _____
 INITIALS REQUIRED _____

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 _____

4001 Registration fee \$ _____ Boys' Life fee \$ _____

7. 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? _____

LOCAL COUNCIL COPY Retain on file for three years.

