

BSA ADULT APPLICATION

Please print one letter in each space.

First name (Full legal name)

Middle name

Last name

Suffix

Preferred nickname:

Country

Home address

City

State

Zip code

Primary phone

Alternate phone

Ext.

Date of birth (mm/dd/yyyy)

 - -
 - -
 X
 / /

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

Business address

City

State

Zip code

Position code

Scouting position title

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

 Yes No

 / /

Email address (Select one)

- Work
 Home

 Scout Life subscription

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct.

INITIALS REQUIRED

Signature of applicant

Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS REQUIRED

- YPT completion certificate attached
 Background Check Authorization form attached

To be completed by unit

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

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 to be an adult leader in the BSA.

Signature of chartered organization head or representative

Date

Signature of Scout executive or designee

Date

- Unit type:
 Pack Troop New leader Position change
 Crew Ship Former leader Participant

If applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

- Transfer application
 Multiple application

Enter membership number from unexpired certificate:

Unit No.

OR

District name

Council No.:

- Unit type:
 Pack Troop
 Crew Ship

Unit No. or District name:

Registration fee \$

Scout Life fee \$

PAID: Cash Check No. _____ Credit card

All questions MUST be answered. Write NONE if applicable.

- Scouting background. Position _____ Council _____ Year _____
- Experience working with youth in other organizations. Please provide contact information. _____
- Previous residences (for last 10 years). City _____ State _____
- Current memberships (religious, community, business, labor, or professional organizations). _____
- References. Please list those who are familiar with your character. References may be checked.
 - Name _____ Telephone (____) _____
 - Name _____ Telephone (____) _____
 - Name _____ Telephone (____) _____
- Additional information. Yes No (Mark each answer.)
 - 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? _____