

BSA ADULT APPLICATION

All fields must be completed in order to process your registration.

First name (Full legal name) Middle name Last name Suffix

Country Home Address Date of Birth (mm/dd/yyyy) / /

City State Zip Social Security Number (required) - -

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

Primary phone - - Alternate phone - - x Extension

Scout Life subscription

Please select your preference of communication: Email Phone Call SMS/Text Occupation

Email address Employer

Are you an Eagle Scout? Yes No If so, enter date earned Eagle (mm/dd/yyyy) / /

All questions MUST be answered. Write NONE if not applicable.

1. Scouting background.

POSITION	COUNCIL	YEAR

2. Experience working with youth in other organizations. Please provide contact information for at least two below.

Organization

Contact name

Phone

Organization

Contact name

Phone

Organization

Contact name

Phone

3. Previous residences (for last 10 years).

CITY	STATE

4. Current memberships (religious, community, business, labor, or professional organizations).

5. Additional information. (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: Yes No

b. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: Yes No

c. Has your driver's license ever been suspended or revoked? Explain: Yes No

d. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: Yes No

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.

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

INITIALS REQUIRED

Signature of applicant

Date

YPT completion certificate attached and 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. All applications should be submitted to the local council within 5 business days.

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.

Signature of Chartered Organization Head or representative or council representative

Date

Unit type: Pack Troop Crew Ship

New leader Former leader Position change Participant

Unit No. or District name

Scouting Position Code Scouting Position Title

Registration fee Council fee Scout Life fee

PAID: Cash Check No. Credit card

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 Scout Executive or designee

Date

If applicant has a current registration in another unit or local council, the registration may be completed at no charge by transferring the registration or multiple registering.

Unit No. or District name

Transferring from Unit/Council: Transfer application Multiple application Pack Troop Crew Ship

Enter membership number from unexpired registration: