

# ADULT APPLICATION

This application is also available in Spanish. Esta solicitud también está disponible en español.

Your participation in the BSA can help youth become better citizens.

Adult leaders serve as important role models for youth in the BSA and this application aids the chartered organization in selecting qualified adult volunteer leaders.

## Youth Protection Training

All adult applicants are required to take this training in order to complete the adult application process. Go to [my.Scouting.org](http://my.Scouting.org) to create an account and take the training online or contact your local council for classroom training. Include a copy of your completion certificate with this application.

## Mission

The mission of the BSA is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Scout Law.

## Criminal Background Check\*

In order to complete the adult application process, you will need to review the different disclosures that have been separately provided to you. The separate authorization form must be signed and returned when you submit your application.

## Excerpt From the Declaration of Religious Principle

The BSA maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to these precepts from the Declaration of Religious Principle and the Bylaws of the BSA shall be entitled to register.

*\*The three different background check forms must be torn off and each separately given to the applicant.*

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BOY SCOUTS OF AMERICA®

### Leader Requirements

The BSA is open to all who meet the requirements, and leaders are selected based on individual merit. Adult leaders must possess the moral, educational, and emotional qualities that the BSA deems necessary for positive leadership to youth. They must also:

- Abide by the Scout Oath, Scout Law, and Scouter Code of Conduct. The Scouter Code of Conduct can be found at [www.scouting.org/health-and-safety/gss/bsa-scouters-code-of-conduct/](http://www.scouting.org/health-and-safety/gss/bsa-scouters-code-of-conduct/).
- Subscribe to the precepts of the Declaration of Religious Principle.
- Reside within the USA or a U.S. territory, or be a U.S. citizen residing outside the USA.
- Be 21 years of age or older for primary leadership positions.
- Be 18 years of age or older for assistant leadership positions.
- Complete Youth Protection training (YPT) before application is processed and renew training as required by going to [my.Scouting.org](http://my.Scouting.org) and creating an account.
- Review the disclosure information related to the BSA's background check process and complete and sign a Background Check Authorization form.
- Take leader position-specific training at [my.Scouting.org](http://my.Scouting.org). Classroom training may also be available through your local council.

### APPROVAL REQUIRED—UNIT ADULTS

**Chartered organization head or chartered organization representative.** The chartered organization representative is approved by the head of the chartered organization. All other adult leader applications must be accepted and approved by the head of the chartered organization or the chartered organization representative.

### APPROVAL REQUIRED—COUNCIL and DISTRICT ADULTS

**Scout executive or designee** must accept and approve all council and district adults.

**Scout executive or designee** must approve any adults who answer “yes” to any Additional Information question.

**The adult leader application process will not be complete until Youth Protection training has been completed and a criminal background check has been obtained.**

**Health information.** You should inform your unit leadership of any condition that might limit your participation. Before participating in activities with your unit, please fill out the Annual Health and Medical Record, No. 680-001, found on [www.scouting.org/forms](http://www.scouting.org/forms) and provide it to your unit leadership.

**Scouting magazine.** This magazine is sent to all registered, paid adult leaders.

**Scout Life.** Registered adults get a special rate. For a subscription to a magazine that helps children grow in the Scouting program, just fill in the *Scout Life* circle on the application and pay the subscription price.

**The J. Warren Young Literacy Fund.** You can give a Scout the opportunity to enjoy a free subscription to *Scout Life* for one to five years. Go to [go.boyslife.org/donate](http://go.boyslife.org/donate) to donate. The local council will identify Scouts who do not have the funds to subscribe. Do a Good Turn today. Today's readers are tomorrow's leaders.

**The annual national registration fee is nonrefundable.**

### BSA Privacy Policy

The BSA protects the confidentiality of the names and personal information of those who are affiliated with the organization. No commercial or unauthorized use is made of the names, addresses, and other confidential information. The BSA and its affinity groups may use registration information to notify registrants of benefit opportunities.

**For general questions, contact your local BSA council.**

### What Is the BSA Program?

The BSA program is outlined in the official publications of the BSA. Activities that are not in these BSA publications are not a part of the Scouting program. Leaders must not allow youth members or program participants to engage in any unauthorized or prohibited activities.

### Training for New Leaders

The BSA is committed to your success as a volunteer while serving young people. To help you be successful there are training materials designed for you. Training resources are available through your local council and at [my.Scouting.org](http://my.Scouting.org).

### What Makes a Trained Leader?

You are considered a trained leader when you have completed leader position-specific training for your position and have current Youth Protection training.

### Youth Protection Begins With You™

Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere, even in Scouting. For that reason, the BSA continues to create barriers to abuse beyond what have previously existed in Scouting.

The BSA is committed to providing a safe environment for young people. All adult leaders must complete Youth Protection training as part of the registration process and renew their training as required. It is highly recommended that parents who participate in Scouting activities complete YPT. To learn more about the BSA's Youth Protection resources, go to [www.scouting.org/training/youth-protection/](http://www.scouting.org/training/youth-protection/).

### Mandatory Reporting

All persons involved in Scouting must immediately report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused; physically or emotionally neglected; exposed to any form of violence or threat; or exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Additionally, any **known or suspected abuse or behavior that might put a youth at risk** must also be reported to the local Scout executive or the Scouts First Helpline (1-844-SCOUTS1 or 1-844-726-8871) if your Scout executive or local council cannot be reached.

### Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings. There must be a registered female adult leader over 21 in every unit serving females. A registered female adult leader over 21 must be present for any activity involving female youth.
- One-on-one contact between adult leaders and youth members is prohibited both inside and outside of Scouting.

These and other key Youth Protection policies are addressed in the training and at [www.scouting.org/training/youth-protection/](http://www.scouting.org/training/youth-protection/).

To learn about the BSA's other health and safety policies, please review the online version of the *Guide to Safe Scouting*, the Scouter Code of Conduct, and the Sweet Sixteen of BSA Safety, which are available at [www.scouting.org/health-and-safety](http://www.scouting.org/health-and-safety).

### Scout Oath

On my honor I will do my best to do my duty to God and my country and to obey the Scout Law; to help other people at all times; to keep myself physically strong, mentally awake, and morally straight.

### Scout Law

A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, and reverent.

# 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:

- 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.
- 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

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? \_\_\_\_\_



## **BACKGROUND CHECK DISCLOSURE**

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency (“CRA”) to Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”).

Company may obtain a consumer report on you to be used for employment purposes (in your case, this means for the purpose of evaluating you as a new or existing volunteer).



## ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION

### Additional Disclosures

*The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.*

**Minnesota:** You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

**New York:** Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Company at Boy Scouts of America, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving Texas 75015-2079. You may also contact the Company by email at [MembershipStandards@scouting.org](mailto:MembershipStandards@scouting.org).

### Authorization

(Please print)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

List any other names used (nickname, maiden/married last names): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Unit Type and Number: \_\_\_\_\_

To the extent permitted by applicable law, I hereby consent to and authorize the Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s), on my background from a consumer reporting agency (“CRA”) or from an investigative consumer reporting agency (“ICRA”), as described in the **Background Check Disclosure** (which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure**, as well as these **Additional Disclosures & Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company’s current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.). I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

**For Minnesota, or Oklahoma individuals:** If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature \_\_\_\_\_ Date \_\_\_\_\_







**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

***A copy of a government issued ID must be attached to this form***

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verified by:

\_\_\_\_\_

*Print Name of Verifying Employee*

\_\_\_\_\_

*Signature of Verifying Employee*

\_\_\_\_\_

*Date*



### Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

Mayflower Council is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Mayflower Council to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Mayflower Council with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Mayflower Council may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*

*This is a two-sided form, please complete both sides*

