



Old Baldy Council, Boy Scouts of America MERIT BADGE COUNSELOR INFORMATION

(Please type or print)

Name _____ **Age** _____ **Business Phone** _____

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip** _____

Please check one: **Original form** **Additional Merit Badges** **Address Change Only**

To qualify as a merit badge counselor, you must

- Be at least 18 years old
- Be proficient in the merit badge subject by vocation, avocation or special training
- Be able to work with Scout-age boys
- Be registered with the Boy Scouts of America

As a merit badge counselor, I agree to

- Follow the requirements of the merit badge, making no deletions or additions, ensuring that the advancement standards are fair and uniform for all Scouts
- Have a Scout and his buddy present at all instructional sessions
- Renew my registration annually if I plan to continue as a merit badge counselor

List merit badge subjects here	Vocation Is this subject in line with your job, business, or profession? Give brief information.	Avocation Do you follow this subject as a hobby, having more than a "working knowledge" of the requirements? Give brief information.	Special Training If not, do you have any special training, or other qualifications for this subject? Give brief information.
1			
2			
3			
4			
5			
6			

Check One:

I wish to work only with _____ / I wish to work with all units / I wish to work only with _____
(Unit Number) (District)

Signature _____ Date _____

Note: The BSA Adult Registration Application must be completed.

Council approval by _____ Date _____

ADULT APPLICATION

The information obtained in this form is for the internal use of the BSA only.

UNIT SCOUTERS

Check one

Pack No. _____

Troop No. _____

Team No. _____

Crew No. _____

Ship No. _____

OR

COUNCIL/DISTRICT/DIVISION SCOUTERS

Council/District/Division position

District name

EXPIRE DATE _____ TERM _____ MONTHS

New leader Former leader

If applicant has an unexpired membership certificate, registration may be accomplished in this unit by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.

TRANSFER FROM: COUNCIL NO. _____ UNIT TYPE _____ UNIT NO. _____

Please print one letter in each space—press hard, you are making two copies.

First name _____ Middle name _____ Last name _____ Suffix _____

Social Security Number (required) _____ Country _____

Address _____ City _____ State _____ Zip code _____

Home phone _____ Business phone _____ Training Code (see cover) _____ Date _____ mm/dd/yyyy

Date of birth _____ Ethnic background: AA—African American AI—American Indian AS—Asian CA—Caucasian HI—Hispanic/Latino OT—Other _____ Driver's license no. _____ State _____ Expiration _____

Sex _____ Occupation _____ Employer _____ Are you an Eagle Scout? Yes No Date earned _____ mm/dd/yyyy

Business address _____ City _____ State _____ Zip code _____

Program _____ Position code _____ Position (Description) _____ Boys' Life Business Home Home Page E-mail address _____

1. Scouting background.

Position	Council	Year

2. Experience working with youth in other organizations.

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 as it relates to working with youth. References will be checked when necessary.

Name _____ Telephone () _____

Name _____ Telephone () _____

Name _____ Telephone () _____

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

6. Additional information. (circle each answer)
- Do you use illegal drugs? Yes No
 - Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes No
 - Have you ever been charged with child neglect or abuse? Yes No
 - Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes No
 - Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) Yes No

I understand that:

- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.
- In signing this application, I have read the attached information and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. I affirm that the information I have given on this form is true and correct.

X Signature of applicant _____ Date _____

APPROVALS FOR UNIT SCOUTERS

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America:

Signature of unit committee chairman _____ Date _____

Signature of chartered organization head or chartered organization representative _____ Date _____

ACCEPTED.

Signature of Scout executive or designee _____ Date _____

APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION SCOUTERS

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America:

Signature of Scout executive or designee _____ Date _____