

## ADULT APPLICATION

524-501

## UNIT ADULTS (Fill in the circle.)

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

☐ Pack☐ Troop☐ Team☐ Crew☐ Ship

Unit No.

OR

Council/district position code

District name

EXPIRE DATE

TERM

MONTHS

☐ New 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☐ Caucasian/White☐ Hispanic/Latino☐ Pacific Islander☐ Other

Driver's license No.

State

Gender

Social Security No. (required)

Occupation

Employer

☐ M ☐ F

Country

Business address

City

State

Zip code

Position Code

Scouting position (description)

Are you an Eagle Scout?

Date earned (mm/dd/yyyy)

E-mail address

(Select one)

☐ Work☐ Home

@

☐ Boys' Life subscription

I understand that:

- By submitting this application I am authorizing the Boy Scouts of America to obtain a background check using First Advantage, 1000 Alderman 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.
- 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).
- 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.
- 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 correct to the best of my knowledge and belief.

Signature of applicant

Date

Registration fee \$

Boys' Life fee \$

WeChat ID:

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

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 five 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 (\_\_\_\_\_) \_\_\_\_\_

6. 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: ☐ Yes ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

- b. Do you use illegal drugs or abuse alcohol? Explain: ☐ Yes ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

- c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: ☐ Yes ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

- d. Has your driver's license ever been suspended or revoked? Explain: ☐ Yes ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

- e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: ☐ Yes ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

- 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? ☐ Yes ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

UNIT COPY

Retain on file for three years.