



MERIT BADGE COUNSELOR – ARROWMOON DISTRICT

* Checksheet *

Thank you on behalf of your local Scout Troop and the Arrowmoon District for volunteering your time to be a Merit Badge Counselor.

Name:

BSA Adult ID Membership Number:

(If not known, your unit leader, unit advancement coordinator, or unit re-charter coordinator should be able to provide this number to you. Leave blank if you are a new leader and are submitting your first BSA Adult Application Form.)

Email Contact:

Boy Scouts of America require that all Merit Badge Counselors are REGISTERED ADULT LEADERS and that all Merit Badge Counselors have a current YOUTH PROTECTION TRAINING (or YPT) certificate printout on file.

KIT CONTENTS (included):

Please return the following once completed:

- Merit Badge Counselor Information Form
- Copy of Youth Protection Training (YPT) – (training must be completed annually at www.myscouting.org) completion certificate printout
- Adult Disclosure/Authorization Form (page 4 of Adult Application)
- Adult Boy Scout of America Application Form (only page 5)



Once you have completed this Merit Badge Counselor “Kit”, please return it to your leader and have them turn it in to the Advancement Committee members at the next Roundtable or contact John Romero at bsajohn@gmail.com 979-314-4727





Boy Scouts of America MERIT BADGE COUNSELOR INFORMATION



(Please type or print)

Name _____ Age _____ Business Phone (____) _____

Address _____ Home Phone (____) _____

City _____ State _____ Zip Code _____

To qualify as a merit badge counselor, you must:

- Be at least 18 years old
- Be proficient in the merit badge subject by vocation or avocation.
- 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.

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

There is no fee for becoming a merit badge counselor. You need only to submit this form and an BSA Adult Application Form upon initial registration. Confirmation of your continued interest in serving as a merit badge counselor should resubmitted on an annual basis.

CHECK ONE:

- I wish to work only with _____ (Unit Number)
- I wish to work with all units.

Signature _____ Date _____

Note: The BSA Adult Application **must** be attached.

Council approval by _____ Date _____

Put Youth Protection Certificate

(from <http://www.myscouting.org> once completed)

HERE

Boy Scouts of America

This is to certify that

John Romero

113297810

Has completed training

Youth Protection Training

On this date

6/15/2010

This certification is valid for two years from this date

DISCLOSURE/AUTHORIZATION FORM

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our care, the Boy Scouts of America will procure consumer reports on you in connection with your application to serve as a volunteer, and the Boy Scouts of America may procure additional consumer reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The Boy Scouts of America has contracted with LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by LexisNexis from public record sources.

The consumer reports will not include credit record checks or motor vehicle record checks.

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to LexisNexis at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize the Boy Scouts of America and LexisNexis to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a volunteer position with the Boy Scouts of America. I also understand that as long as I remain a volunteer, additional consumer reports may be procured at any time. I understand that if the Boy Scouts of America chooses not to accept my application or to revoke my membership based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, LexisNexis.

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

California

Under California law, the consumer reports described above that the Boy Scouts of America will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by LexisNexis, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at LexisNexis offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. LexisNexis will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

I request a free copy of any report procured on me.

New York

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with the Boy Scouts of America. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

First name (No initials or nicknames) Please print.

Middle name

Last name

Suffix

Signature of applicant

Date

Unit No.

ADULT APPLICATION

524-501A

This form is read by machine. Please print the numbers and letters as shown:

1	2	3	4	5	6	7	8	9	0	A	B	C	D	E	F	G	H	I
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

District name

Arrowmoon District

UNIT SCOUTERS (Fill in the circle.)

Former Adult Leader #: _____

TERM

____ MONTHS

New leader

Former leader

EXPIRE DATE

____ / ____ / ____

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

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

Have you completed: Youth Protection training

Fast Start training

Country

Mailing address

City

State

Zip code

US

TX

Home phone

____ - ____ - ____

Business phone

____ - ____ - ____ X

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

M F

Social Security No. (required)

____ - ____ - ____

Occupation

Employer

Country

Business address

City

State

Zip code

US

Position Code

42

Scouting position (description)

Merit Badge Counselor (42)

Are you an Eagle Scout?

Yes

No

Date earned (mm/dd/yyyy)

____ / ____ / ____

E-mail address

(Select one) Work

Home

_____ @ _____

Boys' Life subscription

I understand that:

a. 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.
b. 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. I will follow the Youth Protection guidelines.

Signature of applicant

Date

4001

Registration fee \$

____ . ____

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 representative

Date

(ACCEPTED) Signature of Scout executive or designee

Date

Boys' Life fee \$

____ . ____

LOCAL COUNCIL COPY

APPROVAL FOR COUNCIL AND DISTRICT 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

Retain on file for three years.

- Scouting background. Position _____ Council _____ Year _____
- Experience working with youth in other organizations. _____
- 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 as it relates to working with youth. References will be checked when necessary. Name _____ Telephone (____) _____
- Additional information. (Mark each answer.) Yes or No
 - 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