space.	Ω	APPLICATION	
First name (Full legal name)	Middle name	Last name Suffix	All questions MUST be answered. Write NOWE if applicable.
			Position Council Year
Preferred nickname:	H		2. Experience working with youth in other
Country Home address	Cút	State Zip code	organizations. Please provide contact information.
A S			
Primary phone Alternate phone	oue	Ext. Date of birth (mm/dd/yyyy)	3. Previous residences (for last 10 years). City
Alaska Native Asian	Driver's license No.	State Gender	Current memberships (religious, community, business, labor, or professional organizations).
apanic/Latino O Pacific Islande		)	
Social Security No. (required)  Occupation		Employer	References. Please list those who are familiar with your character. References may be checked.  Name  N
Country Business address	City	State Zip code	Name Telephone ( )
Doctrian note Counting the		dre von an Earlis Crout? Date serned (mm/dd/know)	Telephone ( ) Yes No
			(Mark each answer.) a. Have you ever been removed from
Email address		Scout Life subscription	or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:
I hereby certify that: 1. I have read and affirm that I accept the Dectaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local countil, including the Scouter Code of Conduct.	th the rules and regulations of RMTIALS REQUIRED	Survature of anxileant Date	b. Do you use illegal drugs or abuse
2. I affirm that the information contained in this application in true and accurate to the best of my knowledge and belief	r knowledge and belief. RECUIRED	ertificate attached Background Check Authorization form attached	diouni: Expani:
	To be completed by unit	by unit	c. Have you ever been arrested for a Ciminal offense (other than minor
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.	traffic violations)? Explain:
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 qualifies to be an adult leader in the BSA.	s answered "Yes," and II, educational, and	APPROVAL FOR COUNCL AND DISTRICT ADULTS: have reviewed this application and have made any follow-up inquines necessary to be satisfied that the applicant possesses the morel, educational, and emotional qualities to be an adult leader in the BSA.	er d. Has vour driver's license ever been
			suspended or revoked? Explain.
ead or representative	Date	Signature of Scout executive or designee	
Pack O Troop O New leader O	If applicant has an unexpired me or multiple registering.	lf applicant has an unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.	ئە
Crew Ship	Transfer application     Multiple application	Enter membership number from unexpired certificate:	neglect of a minor child? Explain:
Unit OR OR	Council No.:	Unit O Pack O Troop Unit No. or type: O Grew O Ship District name:	f. Are you aware of any reason not listed above that may call into question your suitability to
Registration \$ Scout Life \$ fee	PAID: Cash	O Check No.	supervise, guide, care for, and lead young people?

## ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION

## Additional Disclosures

options, or provisions applicable to you and you may have additional rights under applicable 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, 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.

investigative consumer reports) on you throughout your volunteer relationship with Company. Upon and/or assigns (the "Company") may request or utilize subsequent consumer reports (other than 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 New York: Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, email at MembershipStandards@scouting.org.

## Authorization

Name: First  Last  Last  Last  List any other names used (nickname, maiden/married last names):  Date of Birth  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 ("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.	ame, maiden/marri able law, I hereby c other related entit ich may include cr kground from a c agency ("ICRA"), as ly from the Compa: ly from the Compa: ation. I have revie I Check Disclosu ation. My author ation. My author cation. My author such that, to the ext report(s), which ma revoiding additional	Last	Boy Scouts of Americans ("CRA") or from and Check Disclosure formational Disclosures & ormation, statements formal Disclosures & ormation, statements and check(s), during my itional 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.	applicable law, I c nt or prospective easons (e.g., to p r a volunteer pos	onsent to and authorize the ( clients, customers, others a lace me in certain positions ition, a consumer report will	Company to share thi with a need to know s, work sites, etc.). I have been conducte

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.

Date.

Signature