

# TROOP 82, B.S.A.

## Merit Badge Counselor Registration instructions

Thank you for agreeing to serve as a merit badge counselor! Your role as a mentor and guide for Scouts who desire to complete study in a topical area covered by a BSA merit badge is important and significant. You will be directly affecting young men as they venture to complete the requirements; but you will also have the opportunity to enter into and share his world when you meet. Make the most of this opportunity to develop positive characteristics in the leaders of tomorrow.

Included in the following pages are the BSA Adult application, merit badge application form and a page to insert a copy of your youth protection card. Once you have completed information on all three pages, please return it to the merit badge chairman. We need the original documents so it is important to deliver the packet in-tact.

### BSA Adult Application –

1. Please locate the “Disclosure/Authorization Form” and complete the boxes at the bottom of the page.  
Do not fill in Unit No.
2. The next page is the actual application-**DO NOT COMPLETE THE TOP PORTION OF THE FORM, BEGIN WHERE YOU PLACE YOUR FIRST NAME!** The information above your name will be completed by district representatives so you are registered correctly in the BSA database.
3. Six lines down, place “42” in the two boxes labeled “position code”.
4. Adjacent to the position code, place “**Merit Badge Counselor**” in the box labeled “Scouting Position (description)”
5. Sign at the bottom where it says “Signature of Applicant”.
6. Complete the information on the right side of the application page. This is important information which the Council will review.

### Merit Badge Counselor Form –

1. Fill in the information on the top of the form
2. Below your email- you will put “West Park” as your district.
3. After West Park, check the “Troop” box, then put “82” after No.
4. If you know your BSA ID number, put it in the blank on the right side of the page...otherwise leave it blank.
5. The rest of the form is easy to understand, however, please read the form carefully before completing a particular box.
6. Please make sure the date you took youth protection is in the line to the right of “Youth Protection training date.

### Youth Protection Card Page –

1. Complete the on-line BSA Youth Protection training at [myscouting.org](http://myscouting.org)
2. Print off the card indicating you have completed the training and affix a copy to the page in the box provided. (you can place your card on the page and make a copy if you would like)

## DISCLOSURE/AUTHORIZATION FORM

### NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our program, 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 First Advantage, a consumer reporting agency, to provide the consumer reports. First Advantage may be contacted by mail at First Advantage, 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 First Advantage 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 First Advantage 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 First Advantage 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, First Advantage.

### 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 First Advantage, 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 First Advantage 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. First Advantage 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.

Retain in permanent file.

# ADULT APPLICATION

524-501

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

## UNIT SCOUTERS (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  District name  
 COUNCIL NO. \_\_\_\_\_ MONTHS \_\_\_\_\_ TERM \_\_\_\_\_ UNIT NO. \_\_\_\_\_  
 TYPE OF UNIT \_\_\_\_\_ Zip code \_\_\_\_\_  
 COUNCIL/district position \_\_\_\_\_  
 Year \_\_\_\_\_

- Scouting background. Position \_\_\_\_\_ Council \_\_\_\_\_ Year \_\_\_\_\_
- Experience working with youth in other organizations. Please provide contact information. \_\_\_\_\_
- Previous residences (for last five years). City \_\_\_\_\_ State \_\_\_\_\_

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 \_\_\_\_\_

Gender  M  F Social Security No. (required) \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Country \_\_\_\_\_ Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Position Code \_\_\_\_\_ Scouting position (description) \_\_\_\_\_ Are you an Eagle Scout?  Yes  No Date earned (mm/dd/yyyy) \_\_\_\_\_

E-mail address  Work  Home \_\_\_\_\_ @ \_\_\_\_\_

Boys' Life subscription

I understand that:  
 a. The information that I have provided may be verified, 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.  
 b. In signing this application, I have read the attached information and apply for registration with 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.  
 c. 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 am aware of and agree to follow the BSA's Youth Protection policies and will complete Youth Protection training within 30 days of registering.

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 BSA.

Signature of unit committee chairman \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of chartered organization head or representative \_\_\_\_\_ Date \_\_\_\_\_

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 BSA:

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Scout executive or designee \_\_\_\_\_ Date \_\_\_\_\_  
 Registration fee \$ \_\_\_\_\_  
 Boys' Life fee \$ \_\_\_\_\_



# Boy Scouts of America

## MERIT BADGE COUNSELOR INFORMATION



(Please type or print legibly.)

Name\* \_\_\_\_\_ Primary phone\* \_\_\_\_\_  Home  Cell  Work  
 Address\* \_\_\_\_\_ Other phone \_\_\_\_\_  Home  Cell  Work  
 City/state/zip\* \_\_\_\_\_ Other phone \_\_\_\_\_  Home  Cell  Work  
 Email address\* \_\_\_\_\_  I do not have email. Age \_\_\_\_\_  
 District \_\_\_\_\_ Unit:  Troop  Team  Crew  Ship No. \_\_\_\_\_ BSA ID \_\_\_\_\_  
 I am not affiliated with a district.  I am not affiliated with a unit.

**\*Required field. Primary phone and email address indicate how Scouts should contact you.**

**To qualify as a merit badge counselor, you must**

- Be at least 18 years old and of good character.
- Be registered with the Boy Scouts of America (position code 42).
- Complete Youth Protection training.
- Be recognized as having the skills and education in the merit badge subjects covered and hold any required qualifications and training as outlined in the *Guide to Safe Scouting* or the *Guide to Advancement*—or use others so qualified.
- Be able to work with Scout-age boys.

**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 accompanied by his buddy during all instructional sessions.
- Keep my Youth Protection training current.
- Renew my registration annually if I plan to continue as a merit badge counselor.

Merit Badges <i>For more than eight merit badges, attach additional sheets.</i>	Add (A) Drop (D)	For each merit badge, list qualification(s) that support your request. <i>Qualifications could include college degrees, formal training certificates, positions held, and specific life experiences.</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

*A = Adding a new merit badge that you will counsel to the roster. D = Removing your name from the roster for this merit badge.*

**Complete the following:**

- This is a new application (first time to register as a merit badge counselor).  
Attach this form to the BSA Adult Application, indicating position code 42.
- This is an update to an existing list of merit badge subjects.
- I no longer wish to serve as a merit badge counselor.

Youth Protection training date \_\_\_\_\_  
*(Attach copy of the current certificate.)*

**I agree to work with:**

- All Scouts
- All Scouts in these districts: \_\_\_\_\_
- Only with Scouts in these units (indicate whether troop, team, or crew): \_\_\_\_\_

**Counselors are encouraged to be available to work with any Scout in any unit.**

I plan to serve as a merit badge counselor for this event or outside organization: \_\_\_\_\_

**Council Approval:**

Name (print) \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

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

## YOUTH PROTECTION CERTIFICATION CARD

Please place your youth protection card over/in this box and return with the other merit badge counselor registration information. (You may make a copy of this page with your original card so you may retain your original card.)