Send completed forms to National Capital Area Council
9190 Rockville Pike, Bethesda MD 20814

Boy Scouts of America

Washington DC District

MERIT BADGE COUNSELOR INFORMATION

(Please type or print.) **Email address**_____

Name _____ Age _____ Busines phone (___) _____

Address _____ Home phone (___) _____

Cell 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, 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.

	Vocation Is this subject in line with your job, business, or profession? If yes, give brief information on the reverse side.	**Avocation** 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.	**Special training** 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. _____			

CHECK ONE:

☐ I wish to work only with _____.
Unit number

☐ I wish to work with all units.

Signature _____ Date _____

Note: The BSA Adult Registration Application (including disclosure page) must be attached, with the BSA Youth Protection Training Certificate. See www.myScouting.org.

Council approval by _____ Date _____

#34405

7 30176 34405 8

2001 Boy Scouts of America

ADULT APPLICATION

28-501F

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.

UNIT SCOUTERS **(Fill in the circle.)**

Pack Troop Team Crew Ship Unit No.

OR

Council/district position: Merit Badge Counselor

(This is a district position)

District name: Washington DC

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. 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: US Mailing address City State Zip code

Home phone - - Business phone - - X Ext. Cell phone - -

Date of birth (mm/dd/yyyy) / /

Ethnic background: African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other

Driver's license No. State

Gender: M F

Social Security number **(required)** - -

Occupation Employer

Country: US Business address City State Zip code

Position Code

Scouting position (description): Merit Badge Counselor, District Position

Are you an Eagle Scout? Yes No

Date earned (mm/dd/yyyy) / /

E-mail address **(Select one)** Work Home @

***Boys' Life* subscription**

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 (_____)

6. Additional information. (Mark each answer.) Yes or No

a. Do you use illegal drugs?

b. Have you ever been convicted of a criminal offense? (If yes, explain below.)

c. Have you ever been charged with child neglect or abuse?

d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)

e. 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.)

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

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:

(Required approval signature for district position is at lower right.)

Signature of unit committee chairman Date

(Required approval signature for district position is at lower right.)

Signature of chartered organization head or representative Date

(Required approval signature for district position is at lower right.)

(ACCEPTED) Signature of Scout executive or designee 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 Boy Scouts of America:

Signature of Scout executive or designee Date

(District executive will sign at council office.)

Retain on file for three years.

4001

Registration fee $.

(No fee is required for Merit Badge Counselors.)

Boys' Life fee $.

LOCAL COUNCIL COPY

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 ChoicePoint, a consumer reporting agency, to provide the consumer reports. ChoicePoint may be contacted by mail at ChoicePoint, 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 ChoicePoint 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 ChoicePoint 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 ChoicePoint 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, ChoicePoint.

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 ChoicePoint, 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 ChoicePoint's 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. ChoicePoint 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 request, 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

Please list your qualifications for each merit badge you wish to counsel:

Merit Badge	Qualifications

District Advancement Committee Approval _____ Date_____

District Name: Washington DC District # 11 Council: National Capital Area

Processing this Application:

Merit Badge Counselors MUST register as adult Scouters and be approved by the *District Advancement Committee*.. A Merit Badge Counselor does not have to pay a registration fee, but must fill out an Adult Application and this Merit Badge Counselor enrollment form. . *Both forms MUST be submitted DIRECTLY to your District Executive.* The District Executive will forward both the adult registration form and Merit Badge Counselor form (BSA # 34405)) with this sheet to the Council office for inclusion in registration for the district. A copy of all forms will then be returned to the District Advancement Committee..

You may choose to limit your role to counseling only in an affiliated unit or make yourself available to other units in the district. We encourage you to make yourself available to other units since the expertise for some merit badges is not present within many individual units. You will always be able to limit the number of scouts you work with at any one time.

Check the box on this form that indicates your desire.

(District Merit Badge approval form to accompany adult leader registration and National BSA merit badge counselor form # 34405