



Required Data Marked in Yellow.

Optional Data Marked in Green.



Verifying Data on Youth Membership Application

This form is read by machine. Please print the numbers and letters as shown on the sample application.

YOUTH MEMBERSHIP

Unit type: (Fill in the circle.) ☒ Cub Scout Pack ☐ Boy Scout Troop ☐ Varsity Scout Team ☐ Venturing Crew ☐ Sea Scout Ship ☐ Lone Cub Scout ☐ Lone Boy Scout

For pack registration select one: ☐ Mark here if new to Scouting. ☐ Tiger ☐ Cub Scout ☐ Webelos Scout ☐ Former Scout ☐ Former Venturer ☐ Former Sea Scout ☐ Arrow of Light earned

Unit No.: 1111

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 application ☐ Transfer from council number: ☐ Unit type: ☐ Pack ☐ Troop ☐ Team ☐ Crew ☐ Ship ☐ Unit No.: ☐

Enter membership number from unexpired certificate:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames) Middle name Last name Suffix

Johnny B Scout

Country Mailing address City State Zip code

US 123 Someplace St Some City WA 99999

Home phone Date of birth (mm/dd/yyyy) Grade Ethnic background:

555 - 555 - 5555 01 / 01 / 2008 3 ☐ Black/African American ☐ Native American ☐ Alaska Native ☐ Asian ☐ Caucasian/White ☐ Hispanic/Latino ☐ Pacific Islander ☐ Other

School Gender: ☐ Male ☐ Female ☒ Boys' Life subscription

Some Elementary

Parent/guardian information ☐ Mark here if address is same as above. ☐ Mark here if you are the Tiger adult partner.

☐ Mark here if the Tiger adult partner is not living at the same address; complete and attach an adult application.

Select relationship: ☐ Parent ☐ Guardian ☐ Grandparent ☐ Other (specify)

First name (No initials or nicknames) Middle name Last name Suffix

John B Dad

Country Mailing address City State Zip code

US 123 Someplace St (Or "Same as Above") Some City WA 99999

Home phone Date of birth (mm/dd/yyyy) Occupation Employer Gender:

555 - 555 - 5555 01 / 01 / 1986 Job Title Organization M ☐ F

Business phone Ext. Previous Scouting experience Cell phone

555 - 555 - 5555 X Den Leader 555 - 555 - 5555

Parent/guardian email address

Ask for email @ Email.com

Unit Leader (or Designee Sig) 09 / 01 / 2016 Parent/Guardian Signature

Signature of unit leader (or designee) Date Signature of parent/guardian

2002 Registration fee \$ 24 Boys' Life fee \$ 12

I have read the attached information for parents and approve the application. I affirm that I have or will review "How to Protect Your Children From Child Abuse: A Parent's Guide."

524-406

Retain on file for three years.



BOY SCOUTS OF AMERICA

Prepared. For Life.®



Required Data Marked in Yellow.

Optional Data Marked in Green.



Verifying Data on Adult Membership Application

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, and the Boy Scouts of America may procure additional consumer reports at any time in order to evaluate your continued suitability for participation. 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, 1500 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-843-6004.

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 in the Boy Scouts of America. I also understand that 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, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for participation. 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 participation 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 (do not include an nickname): Please print:

John

Middle name

Last name

Scoutleader

Suffix

John Scoutleader Sig

09/01/2016

Signature of applicant

Date

Print No.

Retain in permanent file.



BOY SCOUTS OF AMERICA®

Prepared. For Life.®



Required Data Marked in Yellow.

Optional Data Marked in Green.

UNIT POSITION CODES	
CR	Chartered organization representative
CC	Committee chairman
MC	Committee member
SM	Scoutmaster
SA	Assistant Scoutmaster
BSU	Unit College Scouter Reserve
BSU	Unit Scouter Reserve
NL	Crew Advisor
NA	Crew associate Advisor
SK	Skipper
MT	Mate
VC	Varsity Scout Coach
VA	Assistant varsity Scout Coach
CM	Cubmaster
CA	Assistant Cubmaster
WL	Webelos den leader
WA	Assistant Webelos den leader
DL	Den leader
DA	Assistant den leader
TL	Tiger den leader
PT	Pack trainer
PC	Parent coordinator
10	Leader of 11-year old Scouts (JOS Troop)
88	Lone Cub Scout friend and counselor
96	Lone Scout friend and counselor
Tiger adult partners (AP) complete the bottom portion of the youth application.	

Verifying Data on Adult Leader Application

ADULT APPLICATION 124-501 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 J K L M N O P Q R S T U V W X Y Z

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

UNIT ADULTS (Fill in the circle.) Pack Troop Team Crew Ship Unit No. **1111** OR District name **District Name**

DATE / / TERM MONTHS New leader Former leader Visitor

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 (the initials or nickname) **John** Middle name **B** Last name **Scoutleader**

Country **USA** Mailing address **123 Someplace St** City **Some City** State **WA** Zip code **99999**

Home phone **555 555 5555** Business phone **555 555 5555** Ext. **X** Cell phone **555 555 5555**

Date of birth (month/year) **09 / 01 / 2016** Citizenship **USA** Social Security No. (required) **### ## ####** Job Title **Scoutleader** Organization **Scoutleader**

Country **USA** Business address **456 Some St** City **Some City** State **WA** Zip code **99999**

Position Code **CM** Scouting position (description) **Cubmaster**

E-mail address (Select one) **Ask for email** Email.com **Email.com**

Signature of applicant **John Scoutleader Sig** Date **09/01/2016**

Signature of Scout executive or designee **Unit Committee Chair Sig** Date **09/01/2016**

Signature of chartered organization head or representative **Charter Rep Sig** Date **09/01/2016**

4001 Registration fee \$ **24** Boys' Life fee \$ **12**

LOCAL COUNCIL COPY: Please use for three years.



BOY SCOUTS OF AMERICA®

Prepared. For Life.®

10