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, 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 must be attached.

Council approval by _____ Date _____

#34405

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2001 Boy Scouts of America

HUDSON VALLEY COUNCIL
MERIT BADGE COUNSELOR APPLICATION

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

UNIT SCOUTERS
Check one
- ☐ Pack No. _____
- ☐ Troop No. _____
- ☐ Team No. _____
- ☐ Crew No. _____
- ☐ Ship No. _____

OR

COUNCIL/DISTRICT/DIVISION SCOUTERS
Council/District/Division position
Merit Badge Counselor
District name

EXPIRE DATE ____ TERM ____ MONTHS New leader ☐ Former leader ☐

There is no fee required to be registered as a Merit Badge Counselor

Please print one letter in each space—press hard; you are making two copies.

First name | Middle name | Last name | Suffix

Social Security Number (required) ___-__-____ Country

Mailing address | City | State | Zip code

Home phone ___-___-____ Business phone ___-___-____ Date (mm/dd/yyyy)

Date of birth | Ethnic background: ☐ AA—African American ☐ CA—Caucasian ☐ AI—American Indian ☐ HI—Hispanic/Latino ☐ AS—Asian ☐ OT—Other | Driver's license no. | State | Expiration

Sex | Occupation | Employer | Are you an Eagle Scout? Yes ☐ No ☐ | Date earned (mm/dd/yyyy)

Business address | City | State | Zip code

Program | Position code | Position (Description) | Boys' Life

E-mail address
- ☐ Business
- ☐ Home
- ☐ Home Page

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. (circle each answer)
   a. Do you use illegal drugs? Yes No
   b. Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes No
   c. Have you ever been charged with child neglect or abuse? Yes No
   d. Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes No
   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.) Yes No
   _____
   _____
   _____

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.

X _____ _____
Signature of applicant Date

APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION 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 _____

LOCAL COUNCIL COPY

28-501Z