

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 ADULTS (Fill in the circle.)

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

Council/district position code

Scouting background Position Council Year

EXPIRE DATE

TERM

District name

Month / Year / Unit No. OR Former leader / New leader / Venturer

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. UNIT NO.

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

First name (No initials or nicknames)

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone

Business phone

Ext. X

Cell phone

Date of birth (mm/dd/yyyy)

Driver's license No.

State

Additional information. (Mark each answer.)

Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain.

Gender

Social Security No. (required)

Occupation

Employer

Country Business address

City

State Zip code

Position Code

Scouting position (description)

Are you an Eagle Scout? Date earned (mm/dd/yyyy)

E-mail address (Select one) Work Home

Boys' Life subscription

I understand that:

- By submitting this application I am authorizing the Boy Scouts of America to obtain a background check using First Advantage, 10600 Alderman Drive, Alpharetta, GA 30005, and understand it will be used in determining my eligibility. I have reviewed and agreed to the terms and conditions regarding this check and your rights with respect to reviewing or obtaining copies of any information provided.
- I agree to complete Youth Protection training within 30 days of this application and abide by the youth protection requirements of the Boy Scouts of America (www.MyScouting.org).
- I hereby release and agree to hold harmless from liability any person or organization; local council; chartered organization; and the Boy Scouts of America and its officers, directors, employees, and volunteers for any injury or damage sustained in connection with my participation.
- I have read and affirm that I accept the Declaration of Religious Principle and qualifications for adult participation. I agree to comply with the rules and regulations of the Boy Scouts of America and the local council. I affirm that the information in this application is true and correct to the best of my knowledge and belief.

INITIALS REQUIRED

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Signature of applicant

Date

4001

Registration fee \$

Boys' Life fee \$

Signature of Scout executive or designee

Date

LOCAL COUNCIL COPY Retain on file for three years.