



KNOX TRAIL COUNCIL
 Boy Scouts of America
Merit Badge Counselor Application

(Please type or print)

Name _____ Troop # & Town Affiliation _____

Address _____ Home Phone _____

City _____ State _____ Zipcode _____ Work Phone _____

Email Address (please write clearly) _____

I am currently registered: Yes/No - if yes - With (Unit & Town) _____ This is a renewal _____

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.
- Take Youth Protection Training every 2 years.

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.

List Merit Badges Subjects here:	Vocation	Avocation	Special Training
	Is this subject related to your job, business or profession?	Is this a hobby, having more than a "working knowledge" of the subject?	If not, do you have any special training or other qualifications for this subject?
Please give brief description on the reverse side for each badge.			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Note: This Application must be attached to a BSA Adult Application form, with CBC form, CORI Form, Photo ID & Proof of Youth Protection Training. You will be notified of approval.

Signature: _____ Date _____

Office Use Only	
Council Approval: _____	Date _____
Date Registered _____	

ADULT APPLICATION

524-501A

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 District name

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 Mailing address City State Zip code

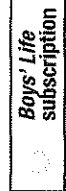
Home phone Business phone Ext. Cell phone

Date of birth (mm/dd/yyyy) Ethnic background: Black/African American Native American Alaska Native Asian Pacific Islander Other

Gender 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)



Boys' Life subscription

E-mail address (Select one) Work Home

I understand that: 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 have completed Youth Protection training and will follow the Youth Protection guidelines.

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.

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 Boy Scouts of America.

Signature of applicant

Date

(ACCEPTED) Signature of Scout executive or designee

Date

Signature of Scout executive or designee

Date

4001

Registration fee \$

Boys' Life fee \$

LOCAL COUNCIL COPY

Retain on file for three years.

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

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 LexisNexis, 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 LexisNexis 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. LexisNexis 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.



BOY SCOUTS OF AMERICA

KNOX TRAIL COUNCIL

490 Union Avenue / Framingham, MA 01702
508-872-6551 / Fax 508-872-9092

EPRSR
172H
FE183

CHAPTER 6, §172H CORI REQUEST FORM

Knox Trail Council is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

APPLICANT INFORMATION

(Please type or print clearly)

Last Name First Name Middle Name

Maiden Name or Alias (if applicable) Place of Birth

Date of Birth Social Security Number ID Theft Index PIN * Mother's Maiden Name
(Requested, not required) (if applicable)

Current and Former Addresses:

Sex: ____ Height: ____ ft. ____ in. Weight: ____ Eye Color: ____

State Driver's License Number: _____
(Include state of issue)

The above information was verified by reviewing the following form of government issued photographic identification:

Signature of Unit Committee Chairman

FOR KTC OFFICE USE ONLY

Requested By:

Signature of CORI Authorized Employee

Please attach a copy of both sides of the applicant's photo identification to this form.

Social Security Number is not required to conduct a CORI but is required on the BSA adult leader application.

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**

REMOVE THIS PAGE AND ATTACH THE FOLLOWING:

❖ COPY OF PHOTO ID

❖ COPY OF YOUTH PROTECTION TRAINING CERTIFICATE

If you have taken the online Youth Protection Training course please printout your completion certificate and attach a copy.

If you have not taken Youth Protection Training, please go to www.MyScouting.org, create an account, take the Youth Protection Training, and printout a copy of the completion certificate at the end of the course.