

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, 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 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.

1. Fill out form on a computer and print it
2. Sign the form and obtained other two required signatures
3. Turn completed form into council promptly for processing
4. Include Youth Protection Training (YPT) Certificate
5. Attach payment or confirm positive balance in your unit account at council

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.

Retain in permanent file.

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.

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.

Pack

Troop

Team

Crew

Ship

Unit No.

OR

Council/district position code

District name

All questions must be answered. Write NONE if applicable.

- Scouting background. Position Council Year
- Experience working with youth in other organizations. Please provide contact information.
- Previous residences (for last five years). City State
- Current memberships (religious, community, business, labor, or professional organizations).
- References. Please list those who are familiar with your character. References may be checked.

Name _____
 Telephone (____) _____
 Name _____
 Telephone (____) _____
 Name _____
 Telephone (____) _____

6. Additional information. Yes No (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:
- Do you use illegal drugs or abuse alcohol? Explain:
- Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
- Has your driver's license ever been suspended or revoked? Explain:
- Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
- Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

EXPIRE DATE ____/____/____

TERM ____ MONTHS New leader Former 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. ____ 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

Country Mailing address City State Zip code

US _____

Home phone Business phone Ext. Cell phone

____ - ____ - ____ X ____ - ____ - ____

Date of birth (mm/dd/yyyy) Ethnic background: Driver's license No. State

____/____/____ Black/African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other _____

Gender Social Security No. (required) Occupation Employer

M F _____ - ____ - ____ _____

Country Business address City State Zip code

US _____

Position Code Scouting position (description) Are you an Eagle Scout? Date earned (mm/dd/yyyy)

____ _____ Yes No ____/____/____

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, 1000 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 \$ ____.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes" with the applicant or source listed. I believe the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of unit committee chairman Date

I have reviewed this application and the responses to any questions answered "Yes" and the comments made by the unit leader approving the application. Neither I nor the religious or organizational leader of our organization is aware of any information indicating that the applicant does not possess the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of chartered organization head or representative Date

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of Scout executive or designee Date

LOCAL COUNCIL COPY Retain on file for three years.

ADULT APPLICATION

524-501

UNIT ADULTS (Fill in the circle.)

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

Pack

Troop

Team

Crew

Ship

Unit No.

OR

Council/district position code

District name

EXPIRE DATE

____ / ____ / ____

TERM

MONTHS

New leader

Former 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.

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

Country

US

Mailing address

City

State

Zip code

Home phone

____ - ____ - ____

Business phone

____ - ____ - ____

Ext.

X ____

Cell phone

____ - ____ - ____

Date of birth (mm/dd/yyyy)

____ / ____ / ____

Ethnic background:

Black/African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Driver's license No.

State

Gender

M F

Social Security No. (required)

Occupation

Employer

Country

US

Business address

City

State

Zip code

Position Code

Scouting position (description)

Are you an Eagle Scout?

Yes No

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, 1000 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

Registration fee \$

____ . ____

Boys' Life fee \$

____ . ____

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes" with the applicant or source listed. I believe the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of unit committee chairman

Date

I have reviewed this application and the responses to any questions answered "Yes" and the comments made by the unit leader approving the application. Neither I nor the religious or organizational leader of our organization is aware of any information indicating that the applicant does not possess the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of chartered organization head or representative

Date

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities of an adult in the Boy Scouts of America.

Signature of Scout executive or designee

Date

All questions must be answered. Write NONE if applicable.

- Scouting background. Position _____ Council _____ Year _____
- Experience working with youth in other organizations. Please provide contact information. _____
- Previous residences (for last five years). City _____ State _____
- Current memberships (religious, community, business, labor, or professional organizations). _____
- References. Please list those who are familiar with your character. References may be checked. _____

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

Name _____ Telephone (____) _____

- 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: _____

- Do you use illegal drugs or abuse alcohol? Explain: _____

- Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: _____

- Has your driver's license ever been suspended or revoked? Explain: _____

- Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: _____

- Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people? _____

UNIT COPY

Retain on file for three years.

Make additional copies of this page if needed for the Chartered Org and Ap