



# PCU YELLOW CREEK

(SSS-1023)

## Welcome aboard PCU<sup>1</sup> YELLOW CREEK!

We're happy to see you are interested in the Sea Scouts. With us, you can start on an adventure that can impact the rest of your life. We offer opportunities to gain nautical, mechanical, social, and leadership skill development through a variety of activities. From sailing and paddlesports to vessel operations and seamanship, we'll be looking to ensure that the *Yellow Creek* crew never has a dull day! We promise you active and engaging program that you will have a direct hand in planning as well as a direct share of the credit for all the success we'll earn.

We're looking forward to getting to know you and seeing how you can help the *Yellow Creek* grow.



Sincerely,  
The Skipper & Mates of *PCU Yellow Creek*

### *FAQs*

#### What is Sea Scouts?

Sea Scouts is a program started in the United States in 1912 as an augment to Boy Scouts to expand the opportunities for older youth. Instead of a focus on camping and the wilderness, Sea Scouts focuses on nautical skills and activities. Today it is a program for young men and women ages 13 and a graduate of the 8th grade to 21.

#### Is the Ship co-ed?

Provided that a sufficient number of male and female adult leaders come forward, we would like to offer the program as a co-ed one.

#### When do we start and what is the schedule?

Beginning in June, we begin holding weekly meetings (generally at the sailing base), which meetings will continue until the end of August. Beginning in September, we hold one meeting a month throughout the 'off season'.

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<sup>1</sup> What's a PCU? In the Navy, as Pre-Commissioning Unit is used to describe a ship (and the crew that belong to it) during construction. Hopefully we'll be SSS *Yellow Creek* very soon with your help!



# PCU YELLOW CREEK

## (555-1023)

This will hopefully avoid most of the potential conflicts with other scouting units.

Do I actually get to skipper a boat?

Yes! One of our goals is to help all our Scouts become competent sailors, so you'll certainly be spending plenty of time at the tiller. You'll learn how to rig and launch, sail upwind, conduct an overboard rescue and much more. Sailors will have the opportunity to earn US Sailing small boat certification and a Pennsylvania Boating License.

What do Sea Scouts do?

You mean, aside from sailing, right?!

Other activities required for an elective for advancement to Quartermaster (the highest rank) include:

- Swimming
- Marlinspike Seamanship (knots, lines, splices, etc.)
- Leadership
- Cooking
- Piloting & Navigation (Charts, *Rules of the Road*, etc.)
- Deck Seamanship
- Paddlecraft
- Marine Engineering
- Maritime Traditions

We also have the potential to take long 'cruises' and other trips with the proper planning and preparation.

What are the costs of the program?

For Scouts already registered in another BSA program, no additional registration fees are required.

For other youth members, \$138 is required to cover fees required by the National BSA organization as well as our local council. Financial assistance is available to help defray some or all of these costs.

Please note that this does not include the costs of awards, activities, uniforms, etc.

What about a uniform?

For the first year, we'll have a 'crew uniform' (consisting of a hat and t-shirt with our logo on it) for all Ship activities. Beginning in June 2025, we'll plan to begin implementing the official Sea Scout when appropriate.

As a parent, how can I interact with the program?

We'd love to have you come aboard!

We have a Committee, which assists in planning social events, fundraisers, and other critical aspects of our program.

We also have the Mates, who directly interact with our Scouts and are the front line in making sure our program has wind in its sails.

Finally, we have Consultants, who are those that have some marine, nautical, boating, naval, or related background that are willing to help guide our Scouts.

Your help in these 'below deck' activities help keep our Ship stay ship-shape!

For Your Records  
Important Ship documents  
and other information



# PCU YELLOW CREEK

(555-1023)

## YOUR SHIP AT A GLANCE

Scouting Council	Laurel Highlands (lhscouting.org)
Scouting Districts	Chestnut Ridge & Keystone Districts
Chartered Organization	Friends of Yellow Creek
Ship No.	1023
Website	<a href="https://yellowcreekseascouts.org/">https://yellowcreekseascouts.org/</a>
Remind/GroupMe	<a href="https://www.remind.com/join/sss1023">https://www.remind.com/join/sss1023</a>
Meeting Day & Time	Wednesdays at 1600 (4:00 PM) for sailing, 1800 (6:00 PM) for Ship's meeting -See Schedule for Details-
Meeting Location	-See Below -
Skipper	Buck Christ 814.487.1478   <a href="mailto:pack51scout@gmail.com">pack51scout@gmail.com</a>
Mates	
Administration	Nathanael Arthurs 724.840.0334   <a href="mailto:arrow4589j@icloud.com">arrow4589j@icloud.com</a>
Program	Ken Sherwood 724.762.5571   <a href="mailto:kwsherwood@gmail.com">kwsherwood@gmail.com</a>

## MEETING LOCATIONS

### FOYC Sailing Base

College Lodge Rd, Penn Run, PA 15765



### Enviro. Learning Center ("ELC")

2-216 Pond Ln, Penn Run, PA 15765



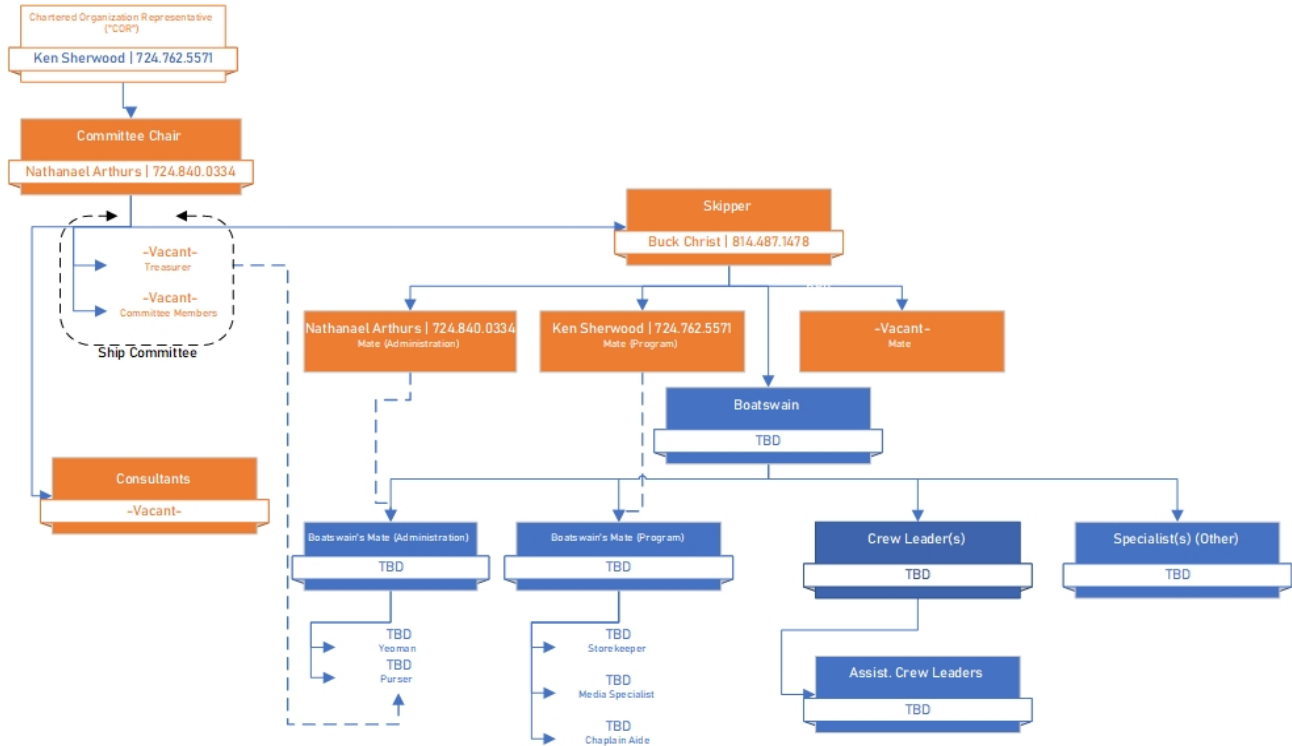


# PCU YELLOW CREEK

(555-1023)

## ORGANIZATIONAL STRUCTURE

Orange positions denote adult roles. Blue positions denote youth roles.



## Forms

Paperwork to be completed and  
turned in to Ship



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**YELLOW CREEK (SSS-1023) | OLE' YELLER (MEC-1023)**  
**PENN RUN, PA**

Greetings:

Thank you for your interest in becoming an adult program participant with our Ship. In order to become a registered member, you need to complete the following and return copies of each to the Committee Chair or Skipper/Sponsor:

1. **BSA Adult Volunteer Application:** This is provided by the Committee Chair or can be downloaded at the following address:  
Sea Scouts: <https://www.lhscouting.org/sites/lhscouting.org/files/524-501.pdf>
2. **Youth Protection:** The BSA's youth protection training can be accessed by logging into [my.scouting.org](http://my.scouting.org). After creating an account and logging in, click on the youth protection logo and continue to follow the prompts until the training begins. YPT2 includes three learning modules followed by a 25-question assessment; total time to complete is 60-75 minutes. Please print out a copy of your completion and return it with the application.
3. **PA Child Abuse History Clearance:** Go to the following site:  
<https://www.compass.state.pa.us/cwis/public/home>
  - a. Create Individual Account
  - b. Create Keystone ID
  - c. (you will get your temporary password emailed to you)
  - d. Access the site again
  - e. Now click individual login
  - f. Click Create Clearance Application
  - g. Volunteer – Other – Boy Scouts of America Laurel Highlands Council
  - h. Follow though – This takes some time. You need all your prior addresses and names and ages of people you lived with.
  - i. When done they send you email to get back in for the results. You can also choose the go to my account at the end if you still have the screen up.
  - j. Get your results as a PDF file you save to your machine. It will say “no record exists”. Please print out a copy of your completion and return it with the application.
4. **PA State Police Criminal Check:** Go to the following site: <https://epatch.state.pa.us/>
  - a. Click “New Record Check Volunteers only”
  - b. Check the agreement box, continue, fill out the information
  - c. Volunteer Organization Name and Phone: Boy Scouts of America Laurel Highlands Council , (412) 471-2927
  - d. Follow through the process.
  - e. You will get to a page that says: No Record
  - f. Then you click on the control number. This will take you to a page you can print or in this case, turn into a PDF. Please print out a copy of your completion and return it with the application.
5. **FBI Criminal Background Check**
  - a. If you have been a PA resident for at least 10 continuous years, then then complete the



EXPLORING

**YELLOW CREEK (SSS-1023) | OLE' YELLER (MEC-1023)**  
**PENN RUN, PA**

Laurel Highlands Council Pennsylvania Resident Volunteer Verification Form:

[https://www.lhcscouting.org/sites/lhcscouting.org/files/29204396\\_1\\_volunteer\\_verification-c3.pdf](https://www.lhcscouting.org/sites/lhcscouting.org/files/29204396_1_volunteer_verification-c3.pdf)

- i. Follow the link. It opens a PDF with fields to fill in.
  - ii. Sign the form with "s/" followed by your name.
  - iii. You might have to save it to your machine, Open it from there, fill in forms, save and close.
  - iv. Open it again to be sure your information is there. Please print out a copy of your completion and return it with the application.
- b. If you have been PA resident for less than 10 continuous years and/or a resident of anywhere other than PA, then follow the link to begin the FBI Criminal Background Check: <http://www.identogo.com/locations/pennsylvania>
- i. Click on "Digital Fingerprinting." On the next screen, enter the Service Code, which is: 1KG6ZJ.
  - ii. Click on Locate an Enrollment Center first to find the location for providing your fingerprints that is closest to you, this is a resource to find the closest location to you only. The company is continuing to add new fingerprinting locations.
  - iii. Click on Schedule or Manage Appointment.
  - iv. Follow the prompts for completing the required information and printing the registration form to take to the fingerprinting location. Please provide a copy of your report (it make take a few weeks and arrives in the mail) and return it with the application.
6. **Annual Health & Medical Record:** This is provided by the Committee Chair or can be downloaded at the following address:  
[https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001\\_AB.pdf](https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf) Please be sure to complete all applicable sections, including immunization history and copies of insurance card (if you have health insurance).

If you have any questions or experience any issues, the Laurel Highlands Council provides updated information regarding the application process on their website here: <https://www.lhcscouting.org/boy-scouts-america/resources/youth-protection> Otherwise, please feel to reach out to the Committee Chair to help resolve your issue.

Thank again in your interest in volunteering with our organization and we look forward to working with you!





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**YELLOW CREEK (SSS-1023) | OLE' YELLER (MEC-1023)**  
**PENN RUN, PA**

### **Application Checklist:**

Please use the following checklist to ensure you have completed all of the required documents:

- Completed BSA Adult Application (Including disclosure/authorization form)
- BSA Youth Protection Training Certificate of Completion
- PA Child Abuse History Clearance Certificate
- PA State Police Criminal Check Certificate
- FBI Criminal Background Check Certificate (if a resident of PA for less than 10 continuous years) -  
OR- LHC Pennsylvania Resident Volunteer Verification Form (if a resident of PA for 10+  
continuous years)
- Completed Annual Health & Medical Record

# BOY SCOUTS OF AMERICA ADULT APPLICATION

This application is also available in Spanish. Esta solicitud también está disponible en español.

The mission of the Boy Scouts of America is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Scout Law.

In a Cub Scout pack, Boy Scout troop, Varsity Scout team, Venturing crew, or Sea Scout ship—or in any position in a district or council—your participation in the Boy Scouts of America can help youth become better citizens.

High-quality adults are important role models for youth in the Boy Scouts of America. This application helps the chartered organization select qualified adults. Thank you for completing this application in full. See instructions on the inside cover.

BY SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING  
A CRIMINAL BACKGROUND CHECK OF YOURSELF.  
THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES.  
YOU WILL HAVE AN OPPORTUNITY TO  
REVIEW AND CHALLENGE ANY ADVERSE  
INFORMATION DISCLOSED BY THE CHECK.

IF YOU WOULD LIKE A COPY OF YOUR CRIMINAL BACKGROUND  
REPORT, PLEASE CONTACT YOUR LOCAL COUNCIL OFFICE.

## Youth Protection Training

All applicants for membership are required to take this training within 30 days of registering. To take it online, go to [www.MyScouting.org](http://www.MyScouting.org) and establish an account using the member number you receive when you register. If you take the training online before you obtain a member number, be sure to return to MyScouting and enter your number for training record credit. Your BSA local council also provides training on a regular basis if you cannot take it online.

For more information, refer to the back of this application.



BOY SCOUTS OF AMERICA®

## Purpose of the Boy Scouts of America

The purpose of the Boy Scouts of America is to promote, through cooperation with other agencies, the ability of youth to do things for themselves and others, and to teach youth patriotism, courage, self-reliance, and kindred virtues. In achieving this purpose, emphasis is placed upon the Boy Scouts of America's educational program and its oaths, promises, and codes for character development, citizenship training, and mental and physical fitness.

## Excerpt From Declaration of Religious Principle

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the

member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to these precepts from the Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to register.

## Leadership Requirements

The applicant must possess the moral, educational, and emotional qualities that the Boy Scouts of America deems necessary to afford positive leadership to youth. The applicant must also be the correct age, subscribe to the precepts of the Declaration of Religious Principle, and abide by the Scout Oath or Promise, and the Scout Law.

## APPROVAL REQUIRED—UNIT ADULTS

**Unit committee chairman** approves all unit adults except the chartered organization representative and committee chairman.

**Chartered organization head or chartered organization representative.** The chartered organization representative is approved by the head of the chartered organization. Following approval by the unit

committee chairman, all other unit adults must be approved by the head of the chartered organization or the chartered organization representative.

**Scout executive or designee** must approve all unit adults who answered "yes" to Additional Information questions.

## APPROVAL REQUIRED—COUNCIL and DISTRICT ADULTS

**Scout executive or designee** must approve all council and district adults.

**Scouting magazine.** This magazine is sent to all registered, paid adults.

**Boys' Life.** Registered adults get a special rate of \$12 a year (half the regular rate of \$24 a year). For a subscription to a great magazine and up-to-date information on boys and Scouting, just attach the appropriate amount and fill in the *Boys' Life* circle. Please calculate and remit the appropriate state and local taxes. On late registrations it may be necessary to deliver back issues.

**Qualification.** Adult citizens, or adult noncitizens who reside within the country, may register with the Boy Scouts of America in any capacity if they agree to abide by the Scout Oath or Promise and the Scout Law, to respect and obey the laws of the United States of America, and to subscribe to the precepts of the Declaration of Religious Principle. All leaders must be 21 years of age or older, except College Scouter Reserve, assistant Scoutmasters, assistant den leaders, assistant Cubmasters, assistant Webelos den leaders, and assistant Varsity Scout coaches, who must be 18 or older. No one may register in more than one position in the same unit, except the chartered organization representative (CR) (who can multiple only as the committee chairman (CC) or a committee member (MC)), and the parent coordinator (PC), who may multiple as chartered organization representative.

**Youth Protection.** Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere, even in Scouting. Youth safety is of paramount importance to Scouting. For that reason, the BSA continues to create barriers to abuse beyond what have previously existed in Scouting.

All persons involved in Scouting shall report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused, physically or emotionally neglected, exposed to any form of violence or threat, exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography; online solicitation; enticement; or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Notify your Scout executive of this report, or of any violation of the BSA's Youth Protection policies, so that he or she may take appropriate action for the safety of our Scouts, make appropriate notifications, and follow up with investigating agencies.

**Ethnic Background Information.** Please fill in the appropriate circle on the application to indicate ethnic background.

**BSA Privacy Policy.** The Boy Scouts of America protects the confidentiality of the names and personal information of those who are affiliated with the organization. No commercial or unauthorized use is made of the names, addresses, and other confidential information. Access to this information is strictly limited.

**This application is designed to be an information-gathering aid. Answers given by the applicant may be verified.**

## INSTRUCTIONS

### Unit Adults

1. Complete and sign the top copy. Keep the back copy (applicant copy) and give the remaining copies to the committee chairman with the proper fees.
2. After the application has been reviewed and, if necessary, references checked by the unit committee, secure the approvals. The process set forth in the publication *Selecting Quality Leaders*, No. 522-981, must be completed for all positions of Scoutmaster, assistant Scoutmaster, Varsity Coach, and assistant Varsity Coach.
3. The committee chairman keeps the unit copy, gives one copy to the chartered organization, and forwards the remaining copy to the local council service center for approval and processing.

### Council and District Adults

1. Complete and sign the application.
2. Send the proper fee and all three copies of the application to the local council service center for approval and processing.

## FEE CHART\*

Months	Registration	Boys' Life
1	2.00	—
2	4.00	2.00
3	6.00	3.00
4	8.00	4.00
5	10.00	5.00
6	12.00	6.00
7	14.00	7.00
8	16.00	8.00
9	18.00	9.00
10	20.00	10.00
11	22.00	11.00
12	24.00	12.00

\* National registration fees are nonrefundable.

## UNIT POSITION CODES

CR	Chartered organization representative
CC	Committee chairman
MC	Committee member
SM	Scoutmaster
SA	Assistant Scoutmaster
92U	Unit College Scouter Reserve
91U	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 (LDS 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.

## Tips for completing the Application for Adult Membership: (Use blue or black ink)

- Print—do not use cursive.
- Use black or dark blue ink.
- Press firmly when printing.
- Print one letter only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.
- Fill in circles; do not use check marks.
- Make sure you have all needed signatures on application.
- Don't alter the application—it could affect the quality of the scan.

Mailing address example:

7	0	3		F	I	R	S	T		S	T
---	---	---	--	---	---	---	---	---	--	---	---

**Instructions:**

Please read the Disclosure/Authorization Form on the back of this page. In the space provided at the bottom of the statement, fill in the spaces for your name, signature, and date to acknowledge your review of the form.

**This Disclosure/Authorization Form and the Boy Scouts of America Adult Application must be signed and turned in together to complete the application process.**

## 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.

### 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 (No initials or nicknames) Please print.

Middle name

Last name

Suffix

Signature of applicant

Date

Unit No.

Retain in permanent file.

# 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.

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

Home phone Business phone Ext. Cell phone

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

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, 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.

Signature of applicant Date

INITIALS REQUIRED

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

Name Telephone

Name Telephone

Name Telephone

6. Additional information. Yes No (Mark each answer.)

a. 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:

b. Do you use illegal drugs or abuse alcohol? Explain:

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

d. Has your driver's license ever been suspended or revoked? Explain:

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

f. 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?

# Training for New Volunteers



## Every Youth in Scouting Deserves a Trained Leader

Welcome to Scouting! As a new Scout volunteer, you are joining our Scouting family, and we want you to understand how the program works. The Boy Scouts of America is committed to your success as a volunteer while serving young people. To help you be successful there are training materials designed for you.

## So, How Do I Begin? Online or Through Your Council Service Center

Training for Cub Scout, Boy Scout, Varsity, and Venturing leaders as well as Youth Protection training programs are available at [www.MyScouting.org](http://www.MyScouting.org). Additional training opportunities and resources are available through your local council and [www.scouting.org/training](http://www.scouting.org/training).

All applicants for membership are required to complete Youth Protection training within 30 days of registering.

## What Makes a Trained Leader? (Check when completed)

- Cub Scout leaders** are considered trained when they have completed Youth Protection training\* and Cub Scout Leader Position-Specific Training\* (for their position).
- Scoutmasters and assistant Scoutmasters** are considered trained when they have completed Youth Protection training\*, Scoutmaster and Assistant Scoutmaster Leader Specific Training, and Introduction to Outdoor Leader Skills.
- Troop committee members** are considered trained when they have completed Youth Protection training\* and the Troop Committee Challenge\*.
- Varsity Scout leaders and assistants** are considered trained when they have completed Youth Protection training\*, Varsity Scout Leader Specific Training, and Introduction to Outdoor Leader Skills.
- Team committee members** are considered trained when they have completed Youth Protection training\* and Team Committee Challenge.
- Venturing crew Advisors and assistant Advisors** are considered trained when they have completed Youth Protection training\*, Venturing version\*, and Venturing Leader Specific Training.
- Crew committee members** are considered trained when they have completed Youth Protection training\*, Venturing version\*, and Crew Committee Challenge.

## What Is Youth Protection Training?

We seek to create as safe an environment as possible for young people to enjoy our program's activities. The Boy Scouts of America Youth Protection training addresses strategies for personal safety awareness for youth as well as adults. Age-appropriate programs and DVD materials include:

- **Youth Protection Guidelines: Training for Volunteer Leaders and Parents**—Adults come away with a much clearer awareness of the kinds of abuse, the signs of abuse, and how to respond and report should a situation arise. Youth Protection training must be taken every two years.
- **Youth Protection Guidelines: Training for Adult Venturing Leaders**—Designed to give guidance to the leaders in our teenage coed Venturing program. Supervision and relationship issues have a different focus regarding personal safety with this age group. Youth Protection training must be taken every two years.
- **It Happened to Me**—Developed for Cub Scout-age boys from 6 to 10 years old and their parents. It addresses the four rules of personal safety: Check first, go with a friend, it's your body, and tell.
- **A Time to Tell**—A video for Boy Scout-age boys from 11 to 14 years old—the target group for most molesters. It stresses the three R's of youth protection: Recognize, Resist, and Report.
- **Youth Protection: Personal Safety Awareness**—Developed for youth ages 13 through 20 in the coeducational Venturing program. It deals with issues pertinent to this age group.

Youth Protection training is available online at [www.MyScouting.org](http://www.MyScouting.org). You can establish an account there using the member number you receive when you register. If you take the online training before you receive a member number, be sure to return to MyScouting and enter your number for training record credit or forward a copy of the training certificate to your council.

The Boy Scouts of America has Youth Protection policies to protect youth, and these same policies help protect adult volunteers. These and other key policies are addressed in the training:

- **Two-deep leadership is required on all outings.**
- **One-on-one contact between adults and youth members is prohibited.**
- **Privacy of youth is respected.**
- **Separate accommodations for adults and Scouts are required.**
- **Units are responsible to enforce Youth Protection policies.**

\*Available online at [www.MyScouting.org](http://www.MyScouting.org).

5 LHC Pennsylvania Resident Verification Form

*Only use this form if you have been a PA resident for 10+ continuous years. Otherwise, complete the FBI background check*





**LAUREL HIGHLANDS COUNCIL**  
**PENNSYLVANIA RESIDENT VOLUNTEER VERIFICATION**

**Please Note:** You may only use this form in place of a FBI Criminal Background check if you have been a resident of Pennsylvania for at least **ten (10) continuous years**, with no interruption.

I, the undersigned, verify that the following statements are true and correct to the best of my knowledge, information and belief:

1. I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years from the date of this Affidavit.

2. I am not disqualified from service as a volunteer as a result of a conviction of one or more of the following offenses listed under Title 18 of the Pennsylvania crimes code (or equivalent crime under federal law or law of another state), or the attempt, solicitation or conspiracy to commit any of these offenses:

- |   |                |
|---|----------------|
| a. Criminal homicide                      | Chapter 25     |
| b. Aggravated assault                     | Section 2702   |
| c. Stalking                               | Section 2709.1 |
| d. Kidnapping                             | Section 2901   |
| e. Unlawful restraint                     | Section 2902   |
| f. Rape                                   | Section 3121   |
| g. Statutory sexual assault               | Section 3122.1 |
| h. Involuntary deviate sexual intercourse | Section 3123   |
| i. Sexual assault                         | Section 3124.1 |
| j. Aggravated indecent assault            | Section 3125   |
| k. Indecent assault                       | Section 3126   |
| l. Indecent Exposure                      | Section 3127   |
| m. Incest                                 | Section 4302   |
| n. Concealing death of a child            | Section 4303   |
| o. Endangering Welfare of Children        | Section 4304   |
| p. Offenses relating to infant children   | Section 4305   |





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# Application for Registration Assistance

To be completed for each individual youth

District \_\_\_\_\_ Unit Type \_\_\_\_\_ Number \_\_\_\_\_

Scout's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

## **Program Information**

The Laurel Highlands Council is committed to making Scouting available to all children. In support of that commitment, the council will pay the portion of the national BSA registration fee that youth cannot afford. The dollar amount requested is the difference between the national BSA fees and what the youth and or chartered organization can afford.

## **Assistance Availability**

To help ensure there are always enough funds to help low-income youth enjoy the benefits of Scouting, we encourage the unit to participate in the annual popcorn sale and Friends of Scouting campaign. Note – we cannot guarantee that every youth that applies for this program will receive assistance. A limited amount of funds is available each year.

## **Information provided by Parent**

Is the Scout eligible for the free or reduced lunch program at his/her school?  Yes  No

Total family members in your household \_\_\_\_\_

Household Income (select one)

- Less than \$10,000 per year
- \$10,000 to \$29,999 per year
- \$30,000 to \$49,999 per year
- \$50,000 to \$69,999 per year
- \$70,000 or more per year

Is your Scout a new Scout?  Yes  No (If yes, a one-time \$25.00 joining fee applies to fees below)

What portion of the \$123.00 total registration fee (pro-rated monthly) can you afford? \_\_\_\_\_

I understand that the unit may charge additional dues to help pay for program expenses. Arrangements have been made for the unit to cover these additional dues or we have agreed on an installment plan that meets our ability to pay.

Please confirm  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent)



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**Application for Registration Assistance  
To be completed for each individual youth**

**Information provided by Scout Leader**

- This Scout is an active member of our unit.
- Our unit participates in the annual popcorn sale.
- This Scout participates in the popcorn sale or other unit fund raising projects.
- Arrangements have been made for the unit to cover any additional unit dues or we have agreed on an installment plan with the parent that meets his/her ability to pay unit dues.
- The charter organization can provide \$ \_\_\_\_\_ to help this Scout pay his registration fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Scout leader)

**Application Processing**

This application form must be submitted, along with the BSA application form or with the charter renewal paperwork, to one of the council service centers and will be reviewed by the district executive. If the family can afford partial payment, please submit that payment with this form in addition to the application or charter renewal paperwork.

Note – we cannot guarantee that every Scout that applies for this program will receive assistance. A limited amount of funds is available each year.

**Council Service Centers**

Applications can be submitted to your **District Executive** via email or to the **Laurel Highlands Council** headquarters below:

**Laurel Highlands Council, Boy Scouts of America  
Attn: Membership Committee  
1275 Bedford Ave.  
Pittsburgh, PA 15219**

When completed, this form should be filed with the unit membership applications.

<b>FOR OFFICE USE ONLY:</b>	
Amount of assistance requested _____	Amount of assistance granted _____
Notification sent _____	Date _____

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### Allergies/Medications

**DO YOU USE AN EPINEPHRINE AUTOINJECTOR?** Exp. date (if yes) \_\_\_\_\_  YES  NO

**DO YOU USE AN ASTHMA RESCUE INHALER?** Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations <b>(form required)</b>	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_







# PCU YELLOW CREEK

(555-1023)

## YOUTH EXPERIENCE SURVEY

1. Why did you join Sea Scouts?

2. What activities would you like to do in this program?

3. Which advancement elective subjects interest you the most? *Circle all that apply*

Leadership	Duty to God	Sailing	Paddlecraft	SCUBA
Vessels	Sail Racing	Engines	Vessel Maintenance	Ornamental Ropework
Maritime Tradition	US Coast Guard Auxiliary		US Power Squadron	

4. Describe your background in Scouting, if any.

5. Describe your boating background, if any.

5A. If so, do you have any sailing-related boating experience (e.g. US Sailing Certification, Small Boat Sailing Merit Badge, etc.)

6. Is anyone in your immediate family a member of one or more of the following groups? *Circle all that apply*

US Coast Guard Auxiliary	US Power Squadron	US Sailing	US Navy	US Coast Guard
Merchant Mariner	Recreational Boater	Marina/Boat Repair	US Coast Guard Auxiliary	

7. Describe your swimming ability.

7A. Have you earned the Scouts BSA swimming merit badge?

8. List any leadership positions you have held with other organizations.