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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 volunteer with our Ship or Club. In order to become a registered member of either of our units, 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>  
Explorers: [http://www.exploring.org/wp-content/uploads/2020/01/FINAL-1a\\_524-01019-Explor-Adult-App WEB.pdf](http://www.exploring.org/wp-content/uploads/2020/01/FINAL-1a_524-01019-Explor-Adult-App_WEB.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).
7. **Payment:** One-year registrations for registered adults are \$80.00. If paying by check, please make check payable to "Laurel Highlands Council".

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
- Payment for Registration Fees



## Adult Volunteer Application

*Please complete and return  
the BSA form to register for  
Sea Scouts or the Exploring  
form for the Maritime Explorers  
(Complete both if participating  
in both)*



# 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

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.  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  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.

Signature of applicant          
 Date

4001 Registration fee \$    
 Boys' Life fee \$

INITIALS REQUIRED

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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	<input type="text"/>
Telephone	( <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name	<input type="text"/>
Telephone	( <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name	<input type="text"/>
Telephone	( <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
  - Additional information. Yes  No 
    - 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?

**LOCAL COUNCIL COPY**  
Retain on file for three years.

# 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).



# ADULT APPLICATION

**For the following positions and participants:**

- Exploring or Learning for Life committee positions
- Exploring adult leaders 21 years and older
- Explorers 18 through 20 years old (Exploring participants)

## EXPLORING™

**Mission:** To deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

## LEARNING FOR LIFE™

UPLIFTING STUDENTS · BUILDING CHARACTER · DEFINING LEADERSHIP

**Mission:** To empower students to build exceptional character and leadership skills by guiding them through an innovative, research-based curriculum that enhances the learning experience and teaches the skills necessary to succeed both academically and throughout their lives.

### 18- THROUGH 20-YEAR-OLDS (EXPLORING PARTICIPANTS)

Beginning **\*January 6, 2020**, all applicants 18 through 20 years old must complete and submit this adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader. Exploring participants cannot be counted toward two-deep leadership requirements. Once an Explorer turns 18, they will need to complete an adult application to register as an 18- through 20-year-old Exploring participant.

### CRIMINAL BACKGROUND CHECK\*

In order to complete the adult application process, you will need to review the disclosures that have been provided to you separately. The separate authorization form must be signed and returned when you submit your application.

***\*The three different background check forms must be torn off and each separately given to the applicant.***

### YOUTH PROTECTION TRAINING

All volunteers and 18- through 20-year-old Explorers are required to complete the adult application process before interacting with Explorers under the age of 18 and must complete the training every two years. Training is available online at [www.exploring.org/training-safety](http://www.exploring.org/training-safety), or contact your local Exploring office for classroom training. Include a copy of your Youth Protection training completion certificate with your application.



High-quality adults are important role models for the youth in Exploring. This application helps the participating organization select qualified adults. Thank you for completing this application in full!

**NOTE: \*The updated start date for this policy is August 1, 2020.**

## Leader Requirements

Adult leaders must possess the moral, educational, and emotional qualities that Learning for Life and Exploring deem necessary for positive leadership to youth. They must also:

- Reside within the USA or a U.S. territory, or be a U.S. citizen residing outside the USA.
- Respect and obey the laws of the United States of America.
- Be 21 years of age or older for primary leadership positions.
- Complete Youth Protection training (YPT) before application is processed and renew training as required by going to [www.exploring.org/training-safety](http://www.exploring.org/training-safety) and creating an account.
- Review the disclosure information related to the background check process and complete and sign an Exploring Background Check Authorization form.
- Take leader position-specific training at [www.exploring.org/training-safety](http://www.exploring.org/training-safety). Classroom training may also be available through your local council.
- Hold only one position within the same unit. The executive officer may multiple as the committee chair or a committee member.

### Approval Required—Unit Adults

The committee chair is approved by the executive officer. All other adult leader applications must be accepted and approved by the executive officer or committee chair.

### Approval Required—Council and District Adults

**Scout executive or designee** must accept and approve all council and district adults. **Scout executive or designee** must approve any adults who answer “yes” to any additional information question.

The adult leader application process will not be complete until Youth Protection training has been completed and a criminal background check has been obtained.

**Health information.** You should inform your unit leadership of any condition that might limit your participation. Before participating in activities with your unit, please fill out the Annual Health and Medical Record found on [www.exploring.org](http://www.exploring.org) and provide it to your unit leadership.

**The annual national registration fee is nonrefundable.**

### Learning for Life and Exploring Privacy Policy

Learning for Life and Exploring protect 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. Learning for Life and Exploring, and their affinity groups, may use registration information to notify registrants of benefit opportunities.

### Training for New Leaders

Learning for Life and Exploring are committed to your success as a volunteer while serving young people. To help you be successful there are training materials designed for you. Training resources are available through your local council and at [www.exploring.org/training-safety/](http://www.exploring.org/training-safety/).

### What Makes a Trained Leader?

You are considered a trained leader when you have completed leader position-specific training for your position and have current Youth Protection training. Training can be taken at [www.exploring.org/training-safety/](http://www.exploring.org/training-safety/).

## Youth Protection Begins With You™

Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to the organization. For that reason, Learning for Life continues to create barriers to abuse beyond what have previously existed in Learning for Life and Exploring.

Learning for Life is committed to providing a safe environment for young people. Learning for Life provides parents and adult leaders with numerous online and printed resources on youth protection. All adult leaders must complete Youth Protection training as part of the registration process and renew their training as required. It is highly recommended that parents who participate in Learning for Life and Exploring activities complete YPT. Learning for Life publications and other media also provide strategies for personal safety awareness for youth and their parents. To learn more about the organization’s Youth Protection resources and to find age-appropriate programs, go to [www.exploring.org/training-safety](http://www.exploring.org/training-safety).

All persons involved in Learning for Life and Exploring programs must immediately 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; or 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.

Additionally, any **known or suspected abuse or behavior that might put a youth at risk** must also be reported to the local Scout executive or the helpline (1-844-726-8871).

## Youth Protection Policies

Youth Protection policies help to protect youth as well as adult volunteers. These and other key policies are addressed in the Youth Protection training:

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one contact between youth members and adults is prohibited at any time and location, except for situations involving transportation of a child with the prior authorization of the parent/guardian. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Learning for Life and Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Separate accommodations for adults and Explorers (males and females and Explorers of disparate ages) are required.
- Youth privacy is respected.
- Leaders are responsible for enforcing Youth Protection policies and reporting any abuse or policy violations.

Position Codes	
IH	Executive Officer
PCC	Post Committee Chair
PMC	Post Committee Member
EA	Exploring Post Advisor
AA	Exploring Post Associate Advisor
<b>*EP</b>	<b>18- through 20-Year-Old Exploring Participant</b>
C12	National Exploring Committee Member
34	Council Exploring/LFL Committee Chair
34M	Council Exploring/LFL Committee Participant
63	District Exploring/LFL Committee Chair
63M	District Exploring/LFL Committee Participant
ES	Exploring Club Sponsor
AS	Exploring Club Associate Sponsor
137	Council Service Team Chair
138	Council Service Team Member
139	District Service Team Chair
140	District Service Team Member

**\* Beginning January 6, 2020, this is a mandatory position code for 18- through 20-year-olds. NOTE: The updated start date for this policy is August 1, 2020.**

# LEARNING FOR LIFE AND EXPLORING ADULT APPLICATION

Please print one letter in each space.

First name (No initials or nicknames)

Middle name

Last name

Suffix





Preferred nickname:

Country

Mailing address

City

State

Zip code

Primary phone

Alternate phone

Ext.

 -  -   -  -  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




Position Code

Position (description)



Email address

Work  Home

 @ 

I hereby certify that:

1. I agree to comply with the rules and regulations of Learning for Life and Exploring, and the local council.

INITIALS  
REQUIRED

Signature of applicant

Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS  
REQUIRED

 YPT completion certificate attached  Background Check Authorization form attached  Qualify for 28-573 (Criminal Background Exemption)
  Yes  No

## To be completed by unit

*Careful review of the information provided on this application is a significant step in Learning for Life's efforts to protect its youth members and deliver a quality program.*

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

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 to be an adult leader in Learning for Life or Exploring.

Signature of executive officer or designee

Date

Signature of Scout executive or designee

Date

Unit Type:  Post  Club  Multiple (Exploring only)

New leader  Former leader

Exploring participant (EP)

If applicant has an unexpired LFL/Exploring membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

Transfer application Enter membership number from unexpired certificate:

Transfer from council number:  Unit type:  Post  Club Unit No.:

Unit No.  OR  District name  Term:  Months

Registration fee \$  PAID:  Cash  Check No.   Credit card

All questions MUST be answered. Write NONE if applicable.

1. Exploring background. Position \_\_\_\_\_ Council \_\_\_\_\_ Year \_\_\_\_\_
2. Experience working with youth in other organizations. Please provide contact information. \_\_\_\_\_
3. Previous residences (for last 10 years). City \_\_\_\_\_ State \_\_\_\_\_
4. Current memberships (religious, community, business, labor, or professional organizations). \_\_\_\_\_
5. References. Please list those who are familiar with your character. References may be checked.
  - Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
  - Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
  - Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
6. Additional information. (Mark each answer.) Yes No
  - 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:  Yes  No
  - c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:  Yes  No
  - d. Has your driver's license ever been suspended or revoked? Explain:  Yes  No
  - e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:  Yes  No
  - 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?  Yes  No





*Tear off the following pages and provide to applicant separately.*

BACKGROUND CHECK  
DISCLOSURE

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency (“CRA”) to Learning for Life/ Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”).

Company may obtain a consumer report on you to be used for employment purposes (in your case, this means for the purpose of evaluating you as a new or existing volunteer).

## CALIFORNIA STATE LAW DISCLOSURES

### (Non-Credit)

Under California law, an “investigative consumer report” is a consumer report in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through any means. Learning for Life/ Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) may obtain an investigative consumer report (which may include information described above) from an investigative consumer reporting agency (“ICRA”) on you in connection with your status as a volunteer (i.e., for employment purposes under California law). The nature and scope of this investigation includes your character, general reputation, personal characteristics, or mode of living information, including criminal history, presence on exclusion lists (e.g. OIG/GSA and OFAC), driving record, references, education history, work history, and licensure/certifications.

The ICRA preparing the investigative consumer report and conducting the investigation will be First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004. Information regarding First Advantage’s privacy practices can be found at <https://fadv.com/privacy-policy/>.

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows:

- (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under California Civil Code section 1786.22 shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA;
- (3) A summary of all information contained in your files and required to be provided by California Civil Code section 1786.10 shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

“Proper Identification,” as used above, means information generally deemed sufficient to identify you, which includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to California Civil Code section 1786.10 and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection under California Civil Code section 1786.22.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

# **ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION**

## Additional Disclosures

*The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.*

**Minnesota:** You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

**New York:** Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company") may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Company at Learning for Life/Exploring, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving Texas 75015-2079. You may also contact the Company by email at [MembershipStandards@scouting.org](mailto:MembershipStandards@scouting.org).

## Authorization

(Please print)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

List any other names used (nickname, maiden/married last names): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Unit Type and Number: \_\_\_\_\_

To the extent permitted by applicable law, I hereby consent to and authorize the Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company") to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure and the California State Law Disclosures (Non-Credit)**(each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.). I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

For California, Minnesota, or Oklahoma individuals: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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   |

- |    |   |                                 |
|----|---|---------------------------------|
| q. | Felonies related to prostitution  | Section 5902 (b)                |
| r. | Obscene materials/performances  | Section 5903 (c)                |
| s. | Corruption of minors  | Section 6301                    |
| t. | Sexual abuse of children  | Section 6312                    |
| u. | Felony violation of Controlled Substance,<br>Drug, Device and Cosmetic Act within<br>preceding five-year period | 35 P.S. Section 780-101 et seq. |

3. I have not been convicted of an offense similar in nature to those offenses listed in Paragraph 2 herein under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

4. Should I ever learn that I have come under investigation for and/or be charged with an offense listed in Paragraph 2 or referenced in Paragraph 3 herein, I hereby pledge to immediately report such investigation and/or charges to the Scout Executive of the Laurel Highlands Council or any successor thereto.

I hereby affirm that the information in this Verification is true and correct to the best of my knowledge, information and belief and that my signature is made subject 18 Pa.C.S. section 4904 relating to crimes for false unsworn statements which is a misdemeanor of the third degree punishable by up to one year imprisonment and a fine of at least \$1,000.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

This document may be digitally signed by adding "s/" in front of your typed name.



## 6 BSA Health Form

*Please be sure to complete all applicable sections.*



## 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 (form required)	

**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: \_\_\_\_\_

