

Camp Minsi Camp Staff 2026 – CIT/Volunteer

The dates below are opportunities for you, as a Minsi Trails Council Camp Staff Member candidate, to turn in your completed paperwork well in advance of your arrival on camp property!

Minsi Trails Council Service Center, 991 Postal Road, Allentown, PA 18109

- By appointment w/ Brian Dungan, Director of Support Services
(Call or email to schedule) 9 AM – 5 PM
brian.dungan@scouting.org or (610) 465-8557

Camp Minsi, 106 Camp Minsi Rd, Pocono Summit, PA 18346

- Beaver Day Weekend at Camp Minsi
 - Friday May 15, 2026, 7:00PM
 - Saturday May 16, 2026 (Dining Hall) 9:00AM
- OA Spring Weekend at Camp Minsi
 - Friday, May 29, 2026, 6:30PM Dining Hall
 - Saturday May 30, 2026, 8:00AM Dining Hall

All paperwork for employment is due by June 1st, 2026



Prepared. For Life.™

Scouting America

Minsi Trails Council

Staff Member Name _____ Today's Date _____ Camp _____

**Use the check list to complete your paperwork. All forms must be received to be APPROVED.
If Incomplete, ALL will be returned to Staff Member for completion.**

Check
off

- ☐ Complete/Initial/Sign - Summer Camp Staff Form Part A and Part B - Volunteer

State of Pennsylvania Act 15 Clearances: Info found at [Minsitrails.org/resources/paact15](https://minsitrails.org/resources/paact15)

The 14-year-old and older volunteer is responsible for securing clearances. Copies are to be turned in with your camp staff paper work. **NO EXCEPTIONS**

- ☐ PA Child Abuse History Clearance _____
- ☐ Pennsylvania State Police Criminal Record Check _____
- ☐ Federal Criminal Background Check _____
- OR**
- ☐ Waiver of FBI Background Clearance for Volunteers (need to have lived in PA for 10 years or more)

BSA Online Trainings needed to be completed. Turn in a copy with paperwork. [Minsitrails.org/resources/camp-staff-](https://minsitrails.org/resources/camp-staff-)

- ☐ Workplace Harassment Prevention Training (**training to be taken every year**)
- ☐ **NEW** Peer on Peer Abuse Training – taken every year www.my.scouting.org
- ☐ Safe Gaurding Youth – expiration not to be before 8/31/2026.
- ☐ BSA Weather Hazard Training (valid for 2 years – expiration not to be before 8/31/2026)

2026 BSA Registration (regardless of your current status - everyone must complete an application)

- ☐ 2026 BSA Youth Application
- OR**
- ☐ 2026 BSA Adult Application (18 and older OR if your birthday falls prior to 8/31/2026)

18 and Over Bringing a Car to Camp

- ☐ Minimum of \$75,000.00 of liability insurance and be able to prove same by providing a "Certificate of Insurance" naming Minsi Trails Council as "additionally insured". This form, and a photocopy of your license, must be given to your Camp Director.

FINAL STEP:

Prior to your arrival on camp property, you will need to secure a **"staff approved letter"** from Brian Dungan, Camping Director. The letter will indicate your camp staff paperwork is complete and cleared to be on property. Bring your completed BSA Annual Health and Medical form to camp with your "staff approved letter."

Internal Use: _____

Staff Approved Letter Date

Summer Camp Staff Form Part A - Volunteer

Please Print – Forms must be filled out completely and legible

Name (Last, First, MI)

Age as of 6/1/2026

Date of Birth

Phone Number

Council

District

Unit #

Street Address

City, State, Zip

County

Is hereby accepted for the volunteer position of _____ at _____
and for such other duties as may be assigned by Camp Management.

Dates of volunteer service from _____ to _____ 20____

Volunteer duties include setting up and taking down camp and training that may be necessary, even if not within above dates, for the volunteer requirements of the position named above. The Council shall be responsible for camp school registration and fees if applicable to your volunteer duties. Termination of your volunteer duties can be terminated by either you or the camp at any time, with or without cause and with or without notice.

As per Pennsylvania Act 15, all camp staff, 14 and older are required to secure and provide Minsi Trails Council prior to your arrival on camp property. Clearances include: Pennsylvania State Police Criminal History, Pennsylvania Department of Human Services Child Abuse Clearance, and FBI fingerprint based Federal Criminal History. Any cost associated with clearances must be paid for by the staff member applicant. My volunteer position is contingent upon a successful background clearance. I understand _____ (initial)

The Camp staff member and Parent or Guardian (for those under 18 years) indicate, by their signatures below, their agreement with the above items listed in Staff Member Agreement-Part A and the items listed on the Mutual Understanding Agreement-Part B. **All items are to be initialed on Part B to indicate your understanding. If under 18 years of age, parent must also initial.**

My shirt size (in adult sizes) (Circle one): S M L XL XXL XXXL

Staff volunteer positions are awarded regardless of race, color, sex, age, national origin, or disability.

Staff Volunteer Signature

Date

Parent or Guardian* (if under 18)

Date

Parent Address (if different from above)

Home Phone Number

Cell Phone Number

Camp Director Signature

Date

Scout Executive Signature

Date

Forms must be filled out completely.

Summer Camp Staff Form Part B - Volunteer

Both Volunteer & Parent (if under 18) must initial each item) if applicable to your camp

IT IS OUR MUTUAL UNDERSTANDING THAT:

1. _____/_____ **For summer resident camp volunteer** - you will be expected to wear complete, official, Scout Summer uniform and cap, with no non-Scout clothing added. We recommend two complete summer uniforms. Camp will provide one "Class B" shirt. Failure to wear proper attire may result in disciplinary action, up to and including dismissal.
2. _____/_____ **For day camp volunteer**, the day camp class B t-shirt is required.
3. _____/_____ Your conduct while as a staff member must be exemplary, both on and off duty. As a staff member you must bring only positive reflection on your actions. Failure to abide by these principles will be grounds for immediate dismissal. Additionally, your Youth Protection, Weather Hazards and Unlawful Harassment Prevention trainings be current
4. _____/_____ **For summer resident camp volunteer** - those 18 and over (**only**), wishing to bring a car to a Minsi Trails Council owned property, must secure advance approval from your Camp Director. Any volunteer who brings a car to Camp must have a minimum of \$75,000.00 of liability insurance and be able to prove same by providing a "Certificate of Insurance" naming Minsi Trails Council as "additionally insured". This form, and a photocopy of your license, must be given to your Camp Director. **Only drivers 21 and older may take staff passengers off camp property.** Volunteers further agree to follow all requirements of the Driver License and Vehicle Information attached hereto.
5. _____/_____ The Camp is not responsible for personal items brought to Camp. There is no insurance coverage, provided by Minsi Trails Council, for personal items, for theft, fire, or other risk. In order to safeguard the Camp and its volunteers, and to help prevent the possession, use, and sale of illegal controlled substances on the Camp's premises, the Camp reserves the right to inspect any package, parcel, purse, handbag, lunch box, or any other possession or article carried to and or from the Camp's property. In addition, the Camp reserves the right to search any volunteer's office, desk, files, locker, tool box, vehicles, or any other area or article on the Camp owned and/or rented premises or brought to the Camp's property. Said inspections may be conducted by the Camp at any time at its sole discretion.
6. _____/_____ **For summer resident camp volunteer** - Staff members' living quarters will be designated by the Camp Director. You are required to keep your quarters neat and clean at all times. Bedtime or "taps" will be assigned by your Camp Director and you must be in your assigned area/living quarters at this time. This must be honored by all staff members.
7. _____/_____ An additional **mandatory requirement** for volunteer staff is a completed BSA Annual Health and Medical Form, (resident camp staff Part A, B, C completed) - signed by a physician, (day camp staff Part A, B completed) and your parents signature if you are under 18. You must use the current BSA Annual Health and Medical, which may be obtained at scouting.org. Also, by completing the BSA Annual Health and Medical Form, you agree to the informed consent, release agreement and authorization.
8. _____/_____ While you are on camp property accidents must be reported to the Camp Health Officer **immediately**. As a camp staff volunteer you are not covered under workman's compensation. You are eligible for coverage under the BSA Council Accident & Sickness Insurance Plan. Coverage is Excess of All Other Insurance or Healthcare plans in Force. This policy is excess to any and all other available source of medical insurance or other healthcare benefits. You must file your bills through your primary/personal insurance carrier or healthcare plan prior to this policy responding. When your primary insurance company or healthcare plan processes the charges, they will send you an Explanation of Benefits, or "EOB." Please submit copies of their Explanation of Benefits along with your claim to Health Special Risk, Inc. In the event you have no other primary insurance or healthcare plan, this policy with pay as primary subject to the plan limits and terms. If you have any questions, please contact Customer Service from 8:00 AM thru 5:00 PM, Monday – Friday at (866) 726-8870 or via e-mail at boyscouts@hsri.com. You may also forward any documents by fax to (972) 512-5820. Health Special Risk, Inc. 4100 Medical Parkway Carrollton, TX 75007

Summer Camp Staff Form Part B - Volunteer

My or my family's Health Insurance Company is _____

Policy/Certificate # _____

9. _____/_____ You will, assist the entire staff in forwarding the program and the objectives of the Boy Scouts of America and Minsi Trails Council. Your primary volunteer position is listed on the Summer Camp Staff Form Part – A. You may however be assigned other duties or be re-assigned to another position at the discretion of the Camp Director.
10. _____/_____ Volunteers will be subject to discipline for failure to adequately perform work duties and/or for violation of any of the Camp's policies or procedures. Such discipline may be in the form of verbal warning, written warning, suspension, or immediate dismissal. The determination of appropriate disciplinary action shall be in the sole discretion of the Camp based upon the facts and circumstances of each infraction. Examples of infractions that may result in disciplinary action include, but are not limited to, the following: A) Use of alcohol by anyone in camp; B) Use of illegal drugs at any time; C) Abuse of over-the-counter drugs; D) Striking a camper, another staff person, or adult leader for any reason, even if you feel justified; E) Continued use of foul or abusive language; F) Lack of attention to job responsibilities or refusing to perform work as directed; G) Falsification of documents and/or records, such as volunteer applications, personnel documents or time-keeping records; H) Unsatisfactory performance of job duties; I) Insubordination or other disrespectful conduct; or J) harassment or other unlawful or unwelcomed conduct. This list is not comprehensive or all-inclusive and does not limit, in any way, the Camp's right to terminate at any time, with or without cause.
11. _____/_____ I understand and will follow the guidelines and policies of the Boy Scout of America. These include **Safeguarding Youth Guidelines, Peer on Peer Abuse Training Weather Hazards training, and Workplace Harassment Prevention training.**
1. _____/_____ I understand, prior to my arrival on camp property, I will need to secure a "staff approved letter" from the Minsi Trails Council Camping Director. I also understand I will need to bring my approved letter, along with my completed BSA Annual Health and Medical Form with me at check in day.

This section to be completed only if:

2. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Pennsylvania State Police Criminal History** clearance to Minsi Trails Council.
3. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Human Services Child Abuse Clearance** to Minsi Trails Council.
4. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **FBI Fingerprint based Federal Criminal** clearance to Minsi Trails Council.
OR
5. _____/_____ I have, as a unit/district/council level volunteer previously submitted my **Minsi Trails Council Disclosure Statement for Volunteers** in lieu of the FBI fingerprint based Federal Criminal History to Minsi Trails Council.
6. _____/_____ I understand my volunteer position is contingent upon submitted verification of above clearances.

Minsi Trails Council - Social Media Policy

We encourage our fans and followers to post, comment and interact with others, and expect that remarks will be respectful of the rights and opinions of others. Please comply with the Scouter Code of Conduct and the Guide to Safe Scouting.

We strive to make our social media community reflective of the values of the Boy Scouts of America, including the Scout Oath and the 12 points of the Scout Law. You are responsible for the content of your comments.

We do not discriminate against any views, but we reserve the right to delete comments that contain any of the following:

- violent, obscene, profane, hateful, or racist comments
- comments that threaten or harm the reputation of any person or organization
- false, inaccurate, or misleading information
- advertisements or solicitations of any kind
- comments that suggest or encourage illegal activity
- multiple off-topic comments or repetitive comments that are copied and pasted
- personal information including, but not limited to, e-mail addresses, telephone numbers, mailing addresses, or identification numbers

Comments by users on this platform do not necessarily reflect the opinions or policies of the Minsi Trails Council or the Boy Scouts of America.

Moderating and responding to comments should only be expected during normal business hours.

Social media usage by Minsi Trails Council employees is expected to comply with all applicable policies.

In short: be nice and add to the discussion.

If you continually violate this policy, we may limit your ability to comment in the future.

If you have any questions or comments about this policy, please send an email to questions@minsitrails.org

MINSI TRAILS COUNCIL CAMP STAFF

Staff Statement of Understanding and Code of Conduct

Statement of Understanding: All staff members, both youth and adult, are selected based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities. By signing the letter of appointment, all adult staff members as well as youth staff members and their parents or guardians agree to the conditions of the statement of understanding and code of conduct as a condition of participation, with the further understanding that serious misconduct or infraction of rules and regulations may result in termination and expulsion from camp. Each staff member is responsible for his or her own behavior. **All staff members are expected to abide by the code of conduct as follows:**

1. I will be guided by the Scout Oath and Scout Law and will obey all U.S. federal laws, as well as local and state laws.
2. I will set a good example by keeping myself neatly dressed and presentable.
3. I will attend all scheduled programs and participate as required in cooperation with other staff members and leaders.
4. I agree to follow the camp check-in and check-out procedures and to observe camp quiet hours.
5. I will be responsible for keeping my quarters and personal gear labeled, clean, and neat. I will adhere to all camp recycling policies and regulations. I will do my share to prevent littering of the campgrounds and agree to follow the principles of Leave No Trace.
6. I understand that the possession or consumption of alcoholic beverages or illegal drugs or misuse of prescribed drugs is prohibited at camp. I understand that the purchase, possession, or consumption of alcoholic beverages off council property must comply with state and federal law and must not affect my job performance.
7. Serious and/or repetitive behavior violations including use of tobacco, smoking, vaping, smokeless tobacco, cheating, stealing, dishonesty, swearing, fighting, and cursing may result in termination or disciplinary action.
8. I understand that gambling of any form is prohibited.
9. I will not possess or distribute pornography or materials that contain words or images inconsistent with Scouting values.
10. I will abide by the Council Social Media guidelines and any digital and/or physical media I create for the Minsi Trails Council and Camp Minsi will become the property of Minsi Trails Council.
11. I understand that possession of lasers of any type and possession or detonation of fireworks are prohibited.
12. Neither the camp nor the Minsi Trails Council will be responsible for loss, breakage, or theft of my personal items. I will label all my personal items and check items of value at the direction of staff leaders. Theft on my part will be grounds for termination and expulsion from camp.
13. I will not discuss or engage in any form of sexual conduct while engaged in Scouting activities. I will refer Scouts with questions regarding these topics to talk to their parents or spiritual advisor.
14. I will use camp equipment in a safe manner and for its intended purpose and will return the equipment in good condition.
15. I understand that staff members are prohibited from having firearms and weapons in their possession or on camp property, in accordance with U.S., local, and state laws.
16. I understand the importance of following BSA's Youth Protection and safety policies and will follow those guidelines and report all violations that come to my attention.
17. Hazing has no place in Scout camp (e.g. running the gauntlet, belt lines, or similar physical punishment). As a staff member I agree to prevent and stop all hazing activities.
18. I will respect diversity—whether the differences be in physical characteristics or in perspectives.
19. I have the responsibility not to engage in behavior that constitutes discrimination or harassment in any way, including race, color, national origin, sex, religion, age, disability, or citizenship of an individual. This applies to everyone, including fellow staff members, campers, adult leaders, parents, and outside vendors.
20. I have the responsibility to report instances of discrimination or harassment (directed at me or at others) to the camp director or the Scout executive.
21. I will comply with this code of conduct and the Scouters Code of Conduct of the Boy Scouts of America. Any violation may result in expulsion from the camp at my own expense. I understand that all such decisions will be final.

I do hereby acknowledge that I have read and agree to comply with all rules, procedures, and information contained on this form and my contract.

Staff Name: _____ Date: _____

Staff Signature: _____

(If staff is under 18)

Parent's Name: _____ Date: _____

Parent's Signature: _____

This copy to be turned in with your signed employment contract.

Pennsylvania Act 15 Clearances

All camp employees must have clearances for employment that are valid within the last 5 years.

Camp Employee Under the age of 18 may submit the attached FBI Waiver for Minors if you have lived in PA for 10 or more years.

Under 18 will still need to submit for the other Child Abuse and PA State Police clearances if you have not done it for us in the last 5 years.

Information found here:

www.minsitrails.org/campstaffclearances

**We will reimburse the cost for any 2026 clearances.
Submit original receipts with copies of clearances.**

Clearances must state for Employment, not Volunteering. Clearances are good for 5 years. Your clearances must have been completed between August 31, 2021 through August 31, 2026. If they expire before August 31st then you must submit new clearances.

DISCLOSURE STATEMENT
APPLICATION FOR UNPAID/VOLUNTEER POSITION

Required by the Pennsylvania Child Protective Service Law
23 Pa.C.S. § 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking an unpaid/volunteer position and I **AM NOT** required to obtain the Federal Bureau of Investigations (FBI) Criminal History Clearance as:

- I have been a resident of Pennsylvania during the entirety of the previous 10-year period; **OR**
- I have received the FBI Criminal History Clearance from the Pennsylvania Department of Human Services (DHS) at any time since establishing residency in Pennsylvania and provided a copy of my result to the person responsible for the selection of volunteers.

I understand that the above exceptions do not apply to volunteers in a child day-care center, group day-care home or family child-care home.

I swear/affirm that I have not been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under federal law or the law of another state:

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children)

The attempt, solicitation or conspiracy to commit any of the offenses set forth above.

I swear/affirm that I have not been convicted of a felony offense under Act 64 of April 14, 1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five (5) years.

I swear/affirm that I have not been named in the Statewide database as a perpetrator of a founded report of child abuse within the past five (5) years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes 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.

I understand that, if I am arrested for or convicted of an offense listed on the previous page or am named as perpetrator in a founded or indicated report of child abuse, I must provide the administrator or designee with written notice not later than 72 hours after my arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database. I understand that, if I willfully fail to disclose this information, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination from or denial of a volunteer position.

I understand that, if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested for or convicted of an offense listed on the previous page or was named as perpetrator in a founded or indicated report of child abuse, or I have provided written notice of a new arrest, conviction, or notification of substantiated child abuse as described above, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications and the cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that certifications obtained for volunteering purposes may only be used to apply to volunteer or to serve as a volunteer and cannot be used for employment purposes.

I understand that nothing in the Child Protective Services Law (23 Pa.C.S. Chapter 63) shall be interpreted to otherwise interfere with the ability of the employer or other person responsible for a program, activity or service from making employment, discipline or termination decisions or from establishing additional standards as part of the hiring or selection process for employees or volunteers.

I understand that the employer, administrator, supervisor, other person responsible for employment decisions or other person responsible for the selection of volunteers is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to 18 Pa.C.S. § 4903 (relating to crimes and offenses).

Applicant:		Signature:		Date:	
Witness:		Signature:		Date:	

If the volunteer is a minor:

Parent or Guardian:		Signature:		Date:	
---------------------	--	------------	--	-------	--

Did you include a copy of your training certificates?

- Workplace Harassment Prevention Training <http://bit.ly/4caFiY5>
- NEW Peer on Peer Abuse Training www.my.scouting.org (ScoutingU)
- Safe Guarding Youth Training www.my.scouting.org
- Hazardous Weather Training www.my.scouting.org (ScoutingU)

Directions to find Hazardous Weather Training and Peer on Peer Abuse Training

Go to my.scouting.org and login

Click on the Scouting U picture. This will send you to a different site. You may need to login again with your my.scouting.org login.

In the search bar of the page type in Hazardous Weather or Peer on Peer to search for it.

Click visit on the course and take the course. Print out the completed certificate or save as a PDF.

TIP: For Safe Guarding Youth, Peer on Peer and Hazardous Weather make sure you are using the latest version of Chrome or Edge and also use your browser in incognito mode.

SCOUTING AMERICA YOUTH MEMBER APPLICATION – Must be completed by the youth's parent or legal guardian

YOUTH INFORMATION

First name (Full legal name) Middle name Last name Suffix Preferred nickname

Country Home address City State Zip code

Phone - - / / Date of birth (mm/dd/yyyy) / / Grade

School Youth email address

Ethnic background: ☐ Black/African American ☐ Native American ☐ Alaska Native ☐ Male ☐ Female
☐ Caucasian/White ☐ Pacific Islander ☐ Asian ☐ Other ☐ Scout Life subscription

PARENT/LEGAL GUARDIAN INFORMATION

☐ Mark here if the Lion or Tiger adult partner is not the parent or legal guardian. Have the adult partner complete and attach an adult application and indicate their relationship below.

Select relationship: ☐ Parent ☐ Legal Guardian

First name (Full legal name) Middle name Last name Suffix Preferred nickname

Country Home address City State Zip code

Primary phone - - / / Date of birth (mm/dd/yyyy) / / Occupation Employer Gender: ☐ Male ☐ Female

Alternate phone - - x Ext. Previous Scouting experience

I have read the attached information for parents and approve the application. I affirm that I have or will review *How to Protect Your Children From Child Abuse: A Parent's Guide*.

Parent/legal guardian email address

Signature of parent/legal guardian

To be completed by unit

Signature of unit leader (or designee) Date / /

Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship ☐ Lone Cub Scout ☐ Has earned Arrow of Light ☐ Lone Scout

Unit No.: For pack registration select one: ☐ Lion ☐ Tiger ☐ Wolf ☐ Bear ☐ Webelos

Registration fee \$ Council fee \$ Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship

Scout Life fee \$ Check No. Credit card ☐

PAID: ☐ Cash ☐ Check No.

Scout Life fee \$ 15.00

Enter membership number from unexpired certificate:

Transfer application ☐ Multiple application ☐

Council No.:

Unit No. or district name:

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

SCOUTING AMERICA ADULT APPLICATION

All fields must be completed in order to process your registration.

First name (Full legal name)		Middle name	Last name		Suffix
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
Country	Home Address			Date of Birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	County	State	Zip	Social Security Number (required)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Ethnic background: <input type="radio"/> Black/African <input type="radio"/> Caucasian/White <input type="radio"/> Native American <input type="radio"/> Hispanic/Latino <input type="radio"/> Alaska Native <input type="radio"/> Pacific Islander <input type="radio"/> Asian <input type="radio"/> Other					
Gender: <input type="radio"/> M <input type="radio"/> F					
Primary phone		Alternate phone		Extension	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> x <input type="text"/>	
<input type="checkbox"/> Scout Life subscription					
Please select your preference of communication: <input type="radio"/> Email <input type="radio"/> Phone Call <input type="radio"/> SMS/Text					
Email address			Occupation		
<input type="text"/>			<input type="text"/>		
Are you an Eagle Scout? Yes <input type="radio"/> No <input type="radio"/> If so, enter date earned Eagle (mm/dd/yyyy)			Employer		
<input type="text"/> / <input type="text"/> / <input type="text"/>			<input type="text"/>		

All questions MUST be answered. Write NONE if not applicable.

1. Scouting background. POSITION _____ COUNCIL _____ YEAR _____	3. Previous residences (for last 10 years). CITY _____ STATE _____ _____ _____	b. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: Yes <input type="radio"/> No <input type="radio"/>
2. Experience working with youth in other organizations. Please provide contact information for at least two below. Organization _____ Contact name _____ Phone _____ Organization _____ Contact name _____ Phone _____ Organization _____ Contact name _____ Phone _____	4. Current memberships (religious, community, business, labor, or professional organizations). _____ _____ _____ 5. Additional information. (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: Yes <input type="radio"/> No <input type="radio"/>	c. Has your driver's license ever been suspended or revoked? Explain: Yes <input type="radio"/> No <input type="radio"/> d. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: Yes <input type="radio"/> No <input type="radio"/>

I hereby certify that	INITIALS REQUIRED	<input type="text"/>	<input type="text"/>
1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of Scouting America and the local council, including the Scouter Code of Conduct.	_____	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.	_____	<input type="radio"/> YPT completion certificate attached and Background Check Authorization form attached	

TO BE COMPLETED BY UNIT

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

All applications should be submitted to the local council within 5 business days.

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 Scouting America.

<input type="text"/>	<input type="text"/>
Signature of Chartered Organization Head or representative or council representative	Date

Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship
☐ New leader ☐ Former leader ☐ Position change ☐ Participant

<input type="text"/>

Unit No. or District name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Scouting Position Code Scouting Position Title

\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	PAID: <input type="radio"/> Cash
Registration fee	Council fee	Scout Life fee	<input type="radio"/> Check No. _____
			<input type="radio"/> Credit card

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 Scouting America.

<input type="text"/>	<input type="text"/>
Signature of Scout Executive or designee	Date

If applicant has a current registration in another unit or local council, the registration may be completed at no charge by transferring the registration or multiple registering.

<input type="text"/>

Unit No. or District name

<input type="text"/>

Transferring from Unit/Council:

☐ Transfer application ☐ Multiple application ☐ Pack ☐ Troop ☐ Crew ☐ Ship

Enter membership number from unexpired registration:	<input type="text"/>
--	----------------------

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: Scouting America and/or its subsidiaries, affiliates, other related entities, and/or successors (the "Company") may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with the 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 Scouting America, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079. You may also contact the Company by email at 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 Scouting America and/or its subsidiaries, affiliates, other related entities, and/or successors (the "Company") to procure consumer report(s) (as defined by federal law) and/or investigative consumer report(s) (as defined by applicable California state law), which in my case means criminal background check(s)/driving record(s), 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**. This authorization applies only to criminal checks/driving records and does not allow the Company to obtain credit checks. 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 the Company can procure additional consumer report(s), which in my case means criminal background check(s)/driving record(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 the Company's local councils and/or chartered organizations 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 the Company may procure, please check this box.

Signature _____ Date _____