



Welcome to Pack 661!




Dear Parents and Guardians,

Welcome to Cub Scouts and to Pack 661! We are thrilled that your family has joined us. Cub Scouting is a program that helps children build character, citizenship, and leadership while having fun and creating lasting memories.

Leadership

Our Cubmaster, Lisa Solomon, will be guiding Pack 661 this year. With their leadership, we look forward to an exciting year filled with adventures, outdoor activities, and opportunities for growth.

Parent Meeting

 Date:	September 29, 2025
 Time:	6:30 pm
 Location:	Zoom

At this meeting, we will:

- Introduce the Cub Scout program
- Review the year's calendar and key events
- Answer questions from new families
- Discuss how parents can be involved

Forms to Complete

To ensure your Scout is fully registered and ready to participate, please complete the following forms and return them by email to troop661js@gmail.com:

- BSA Youth Application (for each new Scout)
- Annual Health & Medical Record (Parts A & B)
- Photo/Media Release (optional but recommended)
- Activity Consent Forms (if provided)

Volunteers Needed

Cub Scouts is successful because of parent involvement. One of the most important volunteer roles is the Den Leader, who leads Scouts in their grade-level group.

- Training and resources are provided
- Ongoing support is available
- No prior Scouting experience is required
- Must complete Youth Protection Training (online at my.scouting.org)
- Must complete Adult Volunteer Application

Thank you for your commitment to your child's Scouting journey. Together, we can make this a meaningful and memorable year for every Scout in Pack 661.

Yours in Scouting,

Joseph Simmons
Scoutmaster, Troop & Unit 661
troop661js@gmail.com

Pack 661 Parent Checklist

Welcome to Pack 661! Please use this checklist to stay on track with forms, training, and volunteer steps.

Forms to Complete and Return

- Please return all forms to troop661js@gmail.com
- BSA Youth Application (for each new Scout)
- Annual Health & Medical Record (Parts A & B)
- Photo/Media Release (optional but recommended)
- Activity Consent Forms (if provided)

Required Parent Training

- Complete Youth Protection Training (available at my.scouting.org)

Volunteer Opportunities

- Serve as a Den Leader or Assistant Den Leader
- Must complete Adult Volunteer Application
- Must complete Youth Protection Training (prior to working with Scouts)

Key Dates

- Parent Meeting – September 29, 2025
- Pack Meeting – Every 2nd and 4th Monday, 6:00 – 7:30 PM at Southside COGIC, 2179 Emerson Street, Jax, FL 32207
- T-shirt sizes received at the pack meeting on October 13, 2025
- Cub Scout Range & Shooting Day – October 4, 2025

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: _____



Annual Health and Medical Record

Information and FAQs

Personal Health and the Annual Health and Medical Record



Find the current Annual Health and Medical Record by using this QR code or by visiting www.scouting.org/health-and-safety/ahmr/.

The Scouting adventure, camping trips, high-adventure excursions, and having fun are important to everyone in Scouting—and so are your safety and well-being. Completing the Annual Health and Medical Record is the first step in making sure you have a great Scouting experience. **So what do you need?**

All Scouting Events. All participants in all Scouting activities complete Part A and Part B. Give the completed forms to your unit leader. This applies to all activities, day camps, local tours, and weekend camping trips less than 72 hours. Update at least annually.

Part A is an informed consent, release agreement, and authorization that needs to be signed by every participant (or a parent and/or legal guardian for all youth under 18).

Part B is general information and a health history.

Going to Camp? A pre-participation physical is needed for resident, tour, or trek camps or for a Scouting event of more than 72 hours, such as Wood Badge and NYLT. The exam needs to be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant. If your camp has provided you with any supplemental risk information, or if your plans include attending one of the four national high-adventure bases, share the venue's risk advisory with your medical provider when you are having your physical exam.

Part C is your pre-participation physical certification.

Planning a High-Adventure Trip? Each of the four national high-adventure bases has provided a supplemental risk advisory that explains in greater detail some of the risks inherent in that program. All high-adventure participants **must** read and share this information with their medical providers during their pre-participation physicals. Additional information regarding high-adventure activities may be obtained directly from the venue or your local council.

Prescription Medication. Taking prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the Boy Scouts of America does not mandate or necessarily encourage the leader to do so. Standards and policies regarding administration of medication may be in place at BSA camps. If state laws are more limiting than camp policies, they must be followed. The AHMR also allows for a parent or guardian to authorize the administration of nonprescription medication to a youth by a camp health officer or unit leader, including any noted exceptions.

Risk Factors. Scouting activities can be physically and mentally demanding. Listed below are some of the risk factors that have been known to become issues during outdoor adventures.

- Excessive body weight (obesity)
- Cardiac or cardiovascular disease
- Hypertension (high blood pressure)
- Diabetes mellitus
- Seizures
- Asthma
- Sleep apnea
- Allergies or anaphylaxis
- Musculoskeletal injuries
- Psychological and emotional difficulties



More in-depth information about risk factors can be found by using this QR code or by visiting www.scouting.org/health-and-safety/risk-factors/.

Questions?

Q. Why does the Boy Scouts of America require all participants to have an Annual Health and Medical Record?

A. The Annual Health and Medical Record (AHMR) serves many purposes. Completing a health history promotes health and awareness, communicates health status, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors has led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required use of standardized annual health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, the AHMR also serves as a tool that enables councils to operate day and resident camps and adhere to Boy Scouts of America and state requirements. The Boy Scouts of America's AHMR provides a standardized mechanism that can be used by members in all 50 states.



For answers to more questions, use this QR code or visit the FAQ page at www.scouting.org/health-and-safety/resources/medical-formfaqs/.



Prepared. For Life.®



PACK 661 EVENTS - 2025/2026

Events, dates, and times may change. Be sure to follow our emails for the most up-to-date information.

: SEPTEMBER :

MONDAY, 9/29
Parent Meeting
Zoom | 6:30 PM

: OCTOBER :

SATURDAY, 10/4
Cub Scout Range & Shooting
Ft. Caroline Christian Church | 9:00 AM - 1:00 PM; \$1 per scout

MONDAY, 10/13
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:30 PM

MONDAY, 10/27
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:30 PM

: NOVEMBER :

ICEMAN, 11/7-8
Opening Weekend
Vystar Veterans Memorial Arena
\$2.50 per scout

MONDAY, 11/10
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:30 PM

MONDAY, 11/24
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:30 PM

Happy Thanksgiving!

: DECEMBER :

MONDAY, 12/08
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:00 PM

Merry Christmas!

: JANUARY :

MONDAY, 1/12
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:30 PM

MONDAY, 1/26
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:30 PM

Register for Summer Camp

: FEBRUARY :

MONDAY, 2/9
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:30 PM

MONDAY, 2/23
Pack Meeting (All Dens)
Southside COGIC | 6:00 PM - 7:30 PM

: MARCH :

TBD

: APRIL :

TBD

: MAY :

TBD

: JUNE :

TBD

**ON MY HONOR I WILL
DO MY BEST TO DO
MY DUTY TO GOD
AND MY COUNTRY
AND TO OBEY THE
SCOUT LAW: TO
HELP OTHER
PEOPLE AT ALL
TIMES; TO KEEP
MYSELF
PHYSICALLY
STRONG, MENTALLY
AWAKE, AND
MORALLY STRAIGHT.**

Cub Scout Pack 661 Photo Release Form

I, _____ ,
parent of _____ , hereby give my consent
to the use of my name and photography (and, or that of my child) by Cub
Pack 661, and any of its subsidiaries and/or affiliated entities, for public
relations, marketing or training purposes. I further consent that my voice,
name and picture may be recorded or filmed, amplified and reproduced for
such purposes.

As a participant of Cub Pack 661, or a family member of a cub scout, this
consent is based on a full understanding of my right to privacy, and of my
right not to consent to such photography or recording.

Accordingly, such consent is knowingly and voluntarily given.

Signature

Date

I do not give consent for my son or family to be shown.

Signature

Date

Furthermore, in the event that a photo or video clip of my child or any other member of
my immediate family is posted and I wish it removed, it will be taken off of the
website(s) within 24-hours of confirmation with a webmaster(s) for aforementioned
site(s).

PREP

Trail's End App

New Scouts: download & register

- Use your zip code or Trail's End Unit Code
- Families can use the same email for multiple accounts, but each Scout needs their own account

Returning Scouts: download or update, and use your 2024 username

Families: login to all Scout accounts and easily switch accounts by tapping the arrows at the top of the app dashboard



<https://qr.co.de/trails-end>

Explore the App

- Set your goal on the dashboard
- Customize your online fundraising page
- Sign-up for storefront shifts
 - View site instructions for store / setup details
- Watch storefront videos on Training page

Practice Your Sales Pitch

"Hi, my name is _____ (first name only) and I'm earning my way to _____ (goal for your funds)! Can I count on your support?"

"My favorite flavor is _____ (pick one). If you don't have cash, don't worry, we prefer credit card!"

Remember! NEVER, NEVER, NEVER ask customers to buy popcorn. If you cannot remember your sales pitch, say, "Will you help me go to Camp?" Even if the customer says no, always say, "Thank you" and "Have a good day."

Sales Tips

- Follow the Guide to Safe Scouting at all times
- Make a list of family & friends to ask
- Sell individually at storefronts with your parent
- Wear your field uniform
- Join the Trail's End Scout Parents Community on Facebook for best practices & support



<https://www.facebook.com/groups/TEScoutParents>

Storefronts™

- Thank store managers & employees for supporting Scouting!
- Setup table near exit door, or where specified by store
- Enhance the shoppers' experience; do not pester or be overly aggressive with customers
- Respect store equipment & merchandise
- Leave No Trace!

My Leader: _____

Phone / Email: _____

For more information, visit our FAQs →



<https://support.trails-end.com>

SELL

Best Practices

- Record all sales in app, including donations
- Heroes and Helpers™: your customers can send products to military troops, first responders & food banks, while still supporting you!
- Follow-up with online customers who have not supported
- Set goal in the app & track your progress

Sales Methods

- Storefronts: sign up and work shifts at high foot traffic locations (1 Scout per shift performs best)
- Online: share your page with family and friends via social, email, or text; products will be ship to them.
- Scout Sales: sell to family & friends in person

Rewards

Choose the prizes you want by recording sales in the Trail's End App and collecting points towards eGift Cards!



- New eGift Cards*: Amazon, Target, Walmart, Prepaid Mastercard®, and more!
- Heroes and Helpers: 1.75 pts (credit & online), 1.5 pts (cash)
- Credit & Online: 1.25 pts
- Cash: 1 pt
 - Each sale only accrues points in the applicable category above in which it will earn the most points
- Cash to Credit™: receive additional 0.25 points for every cash dollar converted to credit
 - Points for Storefront cash converted are split among Scouts working the store that day
- Scan QR code flyer to view storefront & online bonuses!

<https://wh-wf-training-s3.amazonaws.com/2025%20Scout%20Rewards.pdf>

Trail's End App - Credit Sales

Faster, safer, higher sales, & Trail's End pays all fees!

- NEW Tap-to-Pay: accept payments via contactless cards and smartphones - no hardware needed
- Square Bluetooth & magstripe readers are compatible
- Scouts can type cards manually or share orders with customers to checkout on their device

WRAP UP

- Promptly deliver undelivered orders
- Turn in cash to your leader
- Thank customers
- Claim Rewards
- Choose the prizes you want with your eGift Card

Enjoy your Scouting year!

*Additional Terms & Conditions apply. All promotions are subject to the Trail's End Terms & Conditions; view complete details at trails-end.com/legal/terms. Identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions. By claiming certain gift cards, you represent and warrant to us that you are at least 18 years of age (or older if you reside in a state where the majority age is older).

ADULT APPLICATION

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

MISSION

The mission of Scouting 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.

Your participation in Scouting America can help youth become better citizens.

Adult leaders serve as important role models for youth in Scouting America and this application aids the chartered organization in selecting qualified adult volunteer leaders.

YOUTH PROTECTION TRAINING

All adult applicants are required to take this training in order to complete the adult application process. Go to my.scouting.org to create an account and take the training online, or contact your local council for classroom training. Include a copy of your completion certificate with this application.

CRIMINAL BACKGROUND CHECK*

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

EXCERPT FROM THE DECLARATION OF RELIGIOUS PRINCIPLE

Scouting 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 the Bylaws of Scouting America shall be entitled to register.

All adult leaders agree to comply with the Scouter Code of Conduct.
<https://www.scouting.org/health-and-safety/guidelines-policies/>

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

SKU 661087



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524-501 2025 Printing

Scouting  **America**

07/2025

Leader Requirements

Scouting America is open to all who meet the requirements, and leaders are selected based on individual merit. Adult leaders must possess the moral, educational, and emotional qualities that Scouting America deems necessary for positive leadership to youth. They must also:

- Abide by the Scout Oath, Scout Law, and Scouter Code of Conduct. The Scouter Code of Conduct can be found at www.scouting.org/health-and-safety/gss/bsa-scouters-code-of-conduct/.
- Subscribe to the precepts of the Declaration of Religious Principle.
- Reside within the USA or a U.S. territory, or be a U.S. citizen residing outside the USA.
- Be 21 years of age or older for primary leadership positions.
- Be 18 years of age or older for assistant leadership positions.
- Complete Youth Protection training (YPT) before application is processed and renew training as required by going to my.scouting.org and creating an account.
- Review the disclosure information related to Scouting America's background check process and complete and sign a Background Check Authorization form.
- Take leader position-specific training at my.scouting.org. Classroom training may also be available through your local council.

It is the philosophy of Scouting to welcome all eligible adults, regardless of gender, race, ethnic background, sexual orientation, or gender identification, who are willing to accept Scouting's values and meet any other requirements of membership.

APPROVAL REQUIRED—UNIT ADULTS

The chartered organization representative is approved by the head of the chartered organization. All other adult leader applications must be accepted and approved by the head of the chartered organization or the chartered organization representative.

Scout executive or designee must approve any adults who answer “yes” to any Additional Information question.

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, No. 680-001, found on www.scouting.org/forms and provide it to your unit leadership.

Scout Life. Registered adults get a special \$15 rate. For a subscription to a magazine that helps children grow in the Scouting program, just fill in the *Scout Life* circle on the application and pay the subscription price.

THE NATIONAL REGISTRATION FEE IS NONREFUNDABLE.

Scouting America Privacy Policy

Scouting 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. Scouting America and its affinity groups may use registration information to notify registrants of benefit opportunities.

For general questions, contact your Scouting America local council or visit www.scouting.org for current policies.

What Is the Scouting America Program?

The Scouting America program is outlined in the official publications of Scouting America. Activities that are not in these publications are not a part of the Scouting program. Leaders must not allow youth members or program participants to engage in any unauthorized or prohibited activities.

Training for New Leaders

Scouting 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. Training resources are available through your local council and at my.scouting.org.

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.

Youth Protection Begins With You™

Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere, even in Scouting. For that reason, Scouting America continues to create barriers to abuse beyond what have previously existed in Scouting.

Scouting America is committed to providing a safe environment for young people. 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 Scouting activities complete YPT. To learn more about Scouting America's Youth Protection resources, go to www.scouting.org/training/youth-protection/.

Mandatory Reporting

All persons involved in Scouting 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 Scouts First Helpline (1-844-SCOUTS1 or 1-844-726-8871) if your Scout executive or local council cannot be reached.

Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings. There must be a registered female adult leader over 21 in every unit serving females. A registered female adult leader over 21 must be present for any activity involving female youth.
- One-on-one contact between adult leaders and youth members is prohibited both inside and outside of Scouting.

These and other key Youth Protection policies are addressed in the training and at www.scouting.org/training/youth-protection/.

To learn about Scouting America's other health and safety policies, please review the online version of the *Guide to Safe Scouting*, the Scouter Code of Conduct, and the SAFE Checklist, which are available at www.scouting.org/health-and-safety/.

Scout Oath

On my honor I will do my best to do my duty to God and my country and to obey the Scout Law; to help other people at all times; to keep myself physically strong, mentally awake, and morally straight.

Scout Law

A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, and reverent.

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

Country Home Address Date of Birth (mm/dd/yyyy)

City County State Zip Social Security Number (required)

Ethnic background: Black/African Caucasian/White Native American Hispanic/Latino Alaska Native Pacific Islander Asian Other Gender: M F

Primary phone Alternate phone Extension

Scout Life subscription

Please select your preference of communication: Email Phone Call SMS/Text Occupation

Email address

Are you an Eagle Scout? Yes No If so, enter date earned Eagle (mm/dd/yyyy) Employer

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

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

I hereby certify that

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

INITIALS
REQUIRED

Signature of applicant

Date

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.

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.

Signature of Chartered Organization Head or representative or council representative Date

Signature of Scout Executive or designee Date

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

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.

Unit No. or District name

Unit No. or District name

Scouting Position Code Scouting Position Title

\$ \$ \$

Registration fee Council fee Scout Life fee

PAID: Cash
 Check No. _____
 Credit card

Transferring from Unit/Council:

Transfer application Multiple application Pack Troop Crew Ship

Enter membership number from unexpired registration:

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 Scouting America and/or its subsidiaries, affiliates, other related entities, and/or successors (the “Company”).

The 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).

The consumer reporting agency is **Sterling**, a First Advantage company, with its principal office located at 6150 Oak Tree Boulevard - Suite 490, Independence, OH 44131

Sterling’s website is: <https://www.sterlingcheck.com/>

Sterling’s Data Privacy practices can be found here: <https://privacy.sterlingcheck.com/>

DISPUTES

The candidate may dispute the accuracy or completeness of a consumer report. To initiate a dispute, you are encouraged to call Sterling at 1-888-889-5248. You may also reach out to us via email regarding disputed information on your background check at dispute.resolution@sterlingcheck.com. In general, a CRA has up to 30 days to resolve a dispute, although Sterling generally handles disputes more quickly than this. You will be notified via email of the resolution.

HOW TO GET A COPY OF YOUR BACKGROUND CHECK REPORT

If Sterling has prepared a consumer report or investigative consumer report in your name – as per the FACT (Fair and Accurate Credit Transactions) Act – you are entitled to a free copy of the completed report during each 12-month period. To receive a free copy of the report(s) in your file, please complete our [online contact form](#).

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. Scouting America and/or its subsidiaries, affiliates, other related entities, and/or successors (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 and driving record.

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 the 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 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: 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 _____