ADULT APPLICATION

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

Your participation in the BSA can help youth become better citizens.

Adult leaders serve as important role models for youth in the BSA 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.

Mission

The mission of the BSA 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.

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

The BSA 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 the BSA shall be entitled to register.

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

BOY SCOUTS OF AMERICA®

Leader Requirements

Adult leaders must possess the moral, educational, and emotional qualities that the BSA 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/filestore/HealthSafety/pdf/Scouter_Code_of_Conduct.pdf.
- 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.
- Respect and obey the laws of the United States of America.
- 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.
- Review the disclosure information related to the BSA's background check process and complete and sign a Background Check Authorization form.
- Take leader position-specific training.
- Hold only one position within the same unit. The chartered organization representative may multiple as the committee chair or a committee member.

APPROVAL REQUIRED—UNIT ADULTS

Chartered organization head or chartered organization representative. 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.

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.

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

Boys' Life. Registered adults get a special rate. For a subscription to a great magazine and up-to-date information on Scouting, just fill in the *Boys' Life* circle on the application and pay the subscription price.

The annual national registration fee is nonrefundable.

BSA Privacy Policy

The BSA 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. The BSA and its affinity groups may use registration information to notify registrants of benefit opportunities.

Nondiscrimination Policy

The BSA is open to all who meet the requirements. Scouting units are open to all and leaders are selected without regard to race, ethnic background, sexual orientation, or sexual identity, and is based on individual merit.

What Is the BSA Program?

The BSA program is outlined in the official publications of the BSA. Activities that are not in these BSA 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

The BSA 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. 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.

The BSA is committed to providing a safe environment for young people. The BSA 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 Scouting activities complete YPT. BSA publications and other media also provide strategies for personal safety awareness for Scouts and their parents. To learn more about the BSA's Youth Protection resources and to find age-appropriate programs and DVD materials, go to www.scouting.org/training/youthprotection.

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 1st helpline (844-Scouts1 or 844-726-8871).

Youth Protection Policies

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

- Two registered adults or one registered adult and a parent, one of whom must be 21 years of age or older, are required on all trips and outings. If trips and outings are coeducational, adults of both genders must be present. Venturing and Sea Scouting require both adults to be 21 or older.
- 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 Scout conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Scouting. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Separate accommodations for adults and Scouts (males and females and Scouts of disparate ages) are required.
- Youth privacy is respected.
- Leaders are responsible for enforcing Youth Protection policies and reporting any abuse or policy violations.

For general questions, contact your local BSA council.

Please print one letter in each space—press hard; you are making two copies.

BSA ADULT APPLICATION

First name **(No initials or nicknames)** | Middle name | Last name | Suffix

Preferred nickname:

Country (USA) | Home address | City | State | Zip code

Home phone - - | Business phone - - - X Ext. | 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 (USA) | Business address | City | State | Zip code

Position Code | Scouting position (description) | Are you an Eagle Scout? ◯ Yes ◯ No | Date earned (mm/dd/yyyy) / /

Email address **(Select one)** ◯ Work ◯ Home @ | ◯ ***Boys' Life*** **subscription**

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct. INITIALS REQUIRED _____

2. 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 ◯ 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.

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 the BSA.

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 to be an adult leader in the BSA.

Signature of Scout executive or designee | Date

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

◯ Transfer application | Enter membership number from unexpired certificate:

◯ New leader ◯ Position change ◯ Former leader ◯ Multiple registration ◯ Participant

Unit Type: ◯ Pack ◯ Troop ◯ Crew ◯ Ship

Transfer from council number: | Unit type: ◯ Pack ◯ Troop ◯ Crew ◯ Ship | Unit No.:

Unit No. | OR | District name

Term: Months | Registration fee $ | *Boys' Life* fee $

LOCAL COUNCIL COPY

524-501

All questions MUST be answered. Write NONE if applicable.

1. Scouting 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:
   c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
   d. Has your driver's license ever been suspended or revoked? Explain:
   e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
   f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

Please print one letter in each space—press hard; you are making two copies.

BSA ADULT APPLICATION

First name **(No initials or nicknames)** | Middle name | Last name | Suffix

Preferred nickname:

Country (USA) | Home address | City | State | Zip code

Home phone - - | Business phone - - - X Ext. | 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 (USA) | Business address | City | State | Zip code

Position Code | Scouting position (description)

Are you an Eagle Scout? ◯ Yes ◯ No | Date earned (mm/dd/yyyy) / /

Email address **(Select one)** ◯ Work ◯ Home @

◯ ***Boys' Life*** **subscription**

I hereby certify that:

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct. INITIALS REQUIRED _____

2. 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 ◯ 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.

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 the BSA.

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 to be an adult leader in the BSA.

Signature of Scout executive or designee | Date

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

◯ Transfer application

Enter membership number from unexpired certificate:

◯ New leader ◯ Position change
◯ Former leader ◯ Multiple registration
◯ Participant

Unit Type: ◯ Pack ◯ Troop ◯ Crew ◯ Ship

Transfer from council number:

Unit type: ◯ Pack ◯ Troop ◯ Crew ◯ Ship

Unit No.:

District name

Unit No. | OR

Term: Months

Registration fee $

Boys' Life fee $

UNIT COPY

524-501

All questions MUST be answered. Write NONE if applicable.

1. Scouting 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: ◯ ◯

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

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

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

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

Please print one letter in each space—press hard; you are making two copies.

BSA ADULT APPLICATION

First name **(No initials or nicknames)** | Middle name | Last name | Suffix

Preferred nickname:

Country (USA) | Home address | City | State | Zip code

Home phone - - | Business phone - - - X Ext. | 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 (USA) | Business address | City | State | Zip code

Position Code | Scouting position (description) | Are you an Eagle Scout? ◯ Yes ◯ No | Date earned (mm/dd/yyyy) / /

Email address **(Select one)** ◯ Work ◯ Home @ | ◯ ***Boys' Life*** **subscription**

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2. 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 ◯ Background Check Authorization form attached

To be completed by unit

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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 to be an adult leader in the BSA.

Signature of Scout executive or designee | Date

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◯ Transfer application | Enter membership number from unexpired certificate:

Unit Type: ◯ Pack ◯ Troop ◯ Crew ◯ Ship

◯ New leader ◯ Position change ◯ Former leader ◯ Multiple registration ◯ Participant

Transfer from council number: | Unit type: ◯ Pack ◯ Troop ◯ Crew ◯ Ship | Unit No.:

Unit No. | OR | District name

Term: Months | Registration fee $ | *Boys' Life* fee $

APPLICANT COPY

524-501

All questions MUST be answered. Write NONE if applicable.

1. Scouting 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:
   c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
   d. Has your driver's license ever been suspended or revoked? Explain:
   e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
   f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

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 Boy Scouts of America 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 as defined by applicable law (in your case this means for the purpose of evaluating you as a new or existing volunteer).

ADDITIONAL DISCLOSURES

Minnesota individuals only: 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 individuals only: Boy Scouts of America 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 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 the Company at Boy Scouts of America, 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.

City and County of San Francisco individuals only:

Employers with 20+ Employees Must Post This Notice for Applicants and Employees

CITY AND COUNTY OF SAN FRANCISCO
EDWIN M. LEE, MAYOR
OFFICIAL NOTICE TO JOB APPLICANTS AND EMPLOYEES
Fair Chance Ordinance
Police Code, Article 49

Starting August 13, 2014, the Fair Chance Ordinance (San Francisco Police Code, Article 49) requires employers to follow strict rules regarding the use of arrest and conviction records in hiring and employment decisions. The ordinance covers job applicants and employees who would be or are performing work in whole, or in substantial part, in San Francisco and applies to employers who have 20 or more employees (regardless of the employees' locations).

Certain matters are off-limits. An employer may *never* ask about, require disclosure of, or consider: an arrest not leading to a conviction (other than an unresolved arrest that is still undergoing criminal investigation or trial); participation in a diversion or deferral of judgment program; a conviction that has been expunged or made inoperative; any determination in the juvenile justice system; a conviction more than 7 years old; and a criminal offense other than a felony/misdemeanor. Matters that are off-limits cannot be used by the employer for any reason at any stage of the hiring process.

An employer cannot ask about an individual's conviction history or unresolved arrests at the start of the hiring process. This includes through a job application form, informal conversation, or otherwise.

A mandatory interactive process for matters not off-limits. Only after a live interview has been conducted, or a conditional offer of employment made, is the employer allowed to ask about an individual's conviction history (except as to matters that are off-limits) and unresolved arrests. Only those convictions and unresolved arrests that *directly relate* to the individual's ability to do the job may be considered in making an employment decision.

Before the employer may take an adverse action such as failing/refusing to hire, discharging, or not promoting an individual based on a conviction history or unresolved arrest, the employer must give the individual an opportunity to present evidence that the information is inaccurate, the individual has been rehabilitated, or other mitigating factors. The individual has seven days to respond, at which point the employer must delay any adverse action for a reasonable time and reconsider the adverse action. The employer must notify the individual of any final adverse action.

Evidence of rehabilitation include satisfying parole/probation; receiving education/training; participating in alcohol/drug treatment programs; letters of recommendation; and age at which the individual was convicted. *Mitigating factors* include coercion, physical or emotional abuse, and untreated substance abuse/mental illness, that contributed to the conviction.

Preemption. Where federal or state law imposes a criminal history requirement that conflicts with a requirement of the Fair Chance Ordinance, the federal or state law will apply.

No Retaliation. An employer may not take an adverse action against an applicant or employee for exercising their rights under the ordinance or cooperating with the Office of Labor Standards Enforcement (OLSE). If you need more information, or wish to report an employer that you believe has violated this ordinance, please contact the OLSE at 415-554-5192 or email FCE@sfgov.org.

Employers must post this notice in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted. For copies of this notice in Spanish, Chinese, Filipino, Vietnamese, and Russian visit www.sfgov.org/olse/fco or call (415) 554-5192.

Los empleadores están obligados a publicar este aviso en inglés, español, chino, y todo idioma hablado por más del 5% de los empleados en el lugar de trabajo, sitio de trabajo u otro lugar donde se publica. Para obtener copias de este aviso en español, chino, filipino, vietnamita, y ruso visite .sfgov.org/olse/fco o llame al 415-554-5192.

如果您需要更多資訊或者想要舉報您認為違反本條例的雇主，請撥打 415-554-5192 或者發送電子郵件到 FCE@sfgov.org 聯繫 OLSE。

Kung kailangan pa ninyo ng higit na impormasyon, o nais mag-ulat ng employer na sa palagay ninyo ay lumabag sa ordinansang ito, mangyaring kontakin ang OLSE sa 415-554-5192 o email FCE@sfgov.org.

Các chủ nhân phải yết thị thông báo này bằng tiếng Anh, tiếng Tây Ban Nha, Trung Quốc, và bất cứ ngôn ngữ nào được nói bởi ít nhất là 5% người lao động tại nơi làm việc, công trường, hoặc địa điểm khác mà nó được yết thị. Để có văn bản của thông báo này bằng tiếng Tây Ban Nha, Trung Quốc, Philippines, Việt Nam và Nga, xin truy cập vào www.sfgov.org/olse/fco hoặc gọi 415-554-5192.

Работодатели обязаны вывесить это извещение на рабочих местах или других местах размещения подобной информации на английском, испанском, китайском и любом другом языке, если на нем говорит более 5% сотрудников. Для копий этого извещения на испанском, китайском, филиппинском, вьетнамском, и русском языке посетите наш веб-сайт по адресу www.sfgov.org/olse/fco или позвоните по номеру 415-554-5192.

OFFICE OF LABOR STANDARDS ENFORCEMENT
City Hall, Room 430 1 Dr. Carlton B. Goodlett Place San Francisco CA 94102-4685 Tel. (415) 554-6235 Fax (415) 554-4791

CALIFORNIA
STATE LAW DISCLOSURES
(Non-Credit)

For California individuals only: 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 lawful means. In connection with your application to be a volunteer and/or continued engagement as a volunteer (i.e., for employment purposes under California law) with Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), Company may obtain an investigative consumer report (as defined under California law). With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), Company may investigate the information contained in your volunteer application and other background information about you, including but not limited to obtaining a criminal record report, obtaining information about your character, general reputation, personal characteristics and mode of living, verifying references, work history, your social security number, licensure, certifications, driving records, and other information about you, including interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making volunteer placement/staffing decisions. The source of any investigative consumer report (as this term is defined under California law and as explained more fully above) 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 www.fadv.com.

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 the California Code 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 Code 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" 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 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.

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.

BACKGROUND CHECK
AUTHORIZATION

(Please print)
Name: First _____ Middle _____ Last _____ Suffix _____

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

Date of birth: _____

To the extent permitted by applicable law, I hereby consent to and authorize Boy Scouts of America 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 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,** the **Additional Disclosures,** and the **California State Law Disclosures (Non-Credit)** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure,** the **Additional Disclosures,** and the **California State Law Disclosures (Non-Credit),** as well as this **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 only:** 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 _____