

# 2022 Adult Owasippe Paperwork Cover Page

Completion Date	Requirement	Order to Address/ COMPLEXITY	
	<b>1. <u>BSA Adult Application</u></b> a. MI requires all adults staying overnight to be registered with BSA <b>b. Due ASAP</b> c. Paper copy to Karen	Please complete ASAP	<b>1<sup>st</sup></b> <b>MEDIUM</b>
	<b>2. <u>IL Child Abuse Registry Clearance - Central Registry Check</u></b> a. Fill out digitally email to: CFS689Background@illinois.gov <b>b. Due 6/1</b> c. Must be emailed		<b>2<sup>nd</sup></b> <b>EASY</b>
	<b>3. <u>BSA Health Forms A &amp; B</u> and Front &amp; Back of Insurance Card</b> a. Fill out digitally as much as you can. b. Then print and sign <b>c. Due 6/1</b> d. <b>Two (2)</b> Paper copies to Karen	Only MEDIUM because Form B asks for standard immunization record.	<b>3<sup>rd</sup></b> <b>MEDIUM</b>
	<b>4. <u>Dietary Accommodation Form</u></b> a. Online Google Form <b>b. Due 6/15</b> c. If you submit this form, let Karen know by email.		<b>4<sup>th</sup></b> <b>EASY</b>
	<b>5. <u>BSA YPT Training (Online)</u></b> a. Create an account if needed. b. If taken before, check expiration date does not expire before 7/23/22. If it does, retake the course. <b>c. Due 6/15</b> d. Paper or Email copy of Certificate of Completion to Karen	Takes about 2 hours.	<b>5<sup>th</sup></b> <b>EASY</b>
	<b>6. <u>Michigan YPT and References Form</u></b> a. Fill out digitally as much as you can. b. They want ink signatures c. We can serve as references for each other <b>d. Due 6/15</b> e. Paper copy to Karen	Need BSA Registration Expiration Date from #1.	<b>6<sup>th</sup></b> <b>EASY</b>

**All forms and links also available at: [troop51scoutsbsa.org/summer-camp](https://troop51scoutsbsa.org/summer-camp)**

Karen Weber 239 Woodstock Ave. CH 60514 [kmweber11@gmail.com](mailto:kmweber11@gmail.com) 303-587-9146

# ADULT APPLICATION

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

## 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.

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](https://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

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

SKU 655528



524-501 2022 Printing



BOY SCOUTS OF AMERICA®

03/2022

### Leader Requirements

The BSA 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 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/health-and-safety/gss/bsa-scouters-code-of-conduct/](http://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](http://my.scouting.org) and creating an account.
- 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 at [my.scouting.org](http://my.scouting.org). Classroom training may also be available through your local council.

### 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](http://www.scouting.org/forms) and provide it to your unit leadership.

**Scouting magazine.** All registered, paid adult leaders receive access to the digital *Scouting* magazine, downloadable from the Apple App Store or Google Play.

**Scout Life.** Registered adults get a special 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 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.

**For general questions, contact your local BSA council.**

### 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](http://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, 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. 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 the BSA's Youth Protection resources, go to [www.scouting.org/training/youth-protection/](http://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/](http://www.scouting.org/training/youth-protection/).

To learn about the BSA's other health and safety policies, please review the online version of the *Guide to Safe Scouting*, the Scouter Code of Conduct, and the Sweet Sixteen of BSA Safety, which are available at [www.scouting.org/health-and-safety/](http://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.

# BSA 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 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  
- - - - - X

☐ 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.

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? Yes No

Explain:

c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: Yes No

d. Has your driver's license ever been suspended or revoked? Explain: Yes No

e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: Yes No

f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people? Yes No

I hereby certify that

INITIALS REQUIRED

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.

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

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 the BSA.

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 Chartered Organization Head or representative Date

Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship

☐ New leader ☐ Former leader ☐ Position change ☐ Participant

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.

Unit No. or District name Unit No. or District name

Scouting Position Code Scouting Position Title

\$ \$

Registration 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 Boy Scouts of 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).

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

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

Date of Birth:  --  --  Gender: ☐ Male ☐ Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code) Dates From/To

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

**Submit by mail OR fax OR email.**

Mail to: Department of Children and Family  
Services 406 E. Monroe – Station # 30  
Springfield, IL 62701

FAX to: 217-782-3991

Scan/Email to: CFS689Background@illinois.gov

\_\_\_\_\_  
Signed Date

**Please type, use bold letters or label:**

312-421-8800 ext. 300

ptac.camping@scouting.org

(Submitting Agency Fax Number)

(Submitting Email Address)

Pathway to Adventure Council, Boy Scouts of America

(Agency Name)

Camping Department

(Contact Person)

617 E. Golf Rd. Suite 101

(Address)

Arlington Heights, IL 60005

(City/State/Zip)

Print Form

## 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: \_\_\_\_\_



Prepared. For Life.®

## 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: \_\_\_\_\_



**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. Boy Scouts of 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:** Boy Scouts of 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 Boy Scouts of 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](mailto:MembershipStandards@scouting.org)

### **AUTHORIZATION**

(Please print)

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

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

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

To the extent permitted by applicable law, I hereby consent to and authorize the Boy Scouts of 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 \_\_\_\_\_

## Michigan Youth Protection Agreement

Please read the following State of Michigan Youth Protection Laws and sign below. Thank you!

Pursuant to the provision STATE OF MICHIGAN AND THE BOY SCOUTS OF AMERICA, all leaders at Owasippe are required to report all suspected cases of Child Abuse/Neglect to their Camp Director. They are also to sign a statement that they have knowledge and understanding of the reporting requirements. The Owasippe Scout Reservation recognizes the intent of the Michigan State Law (Public Act #116 of 1973) and Administrative Rules (#113, #115, #119) in its attempt to ensure the health and the general welfare of its campers.

### RULE 113

Discipline is the responsibility of the unit leader. If you need help, consult your Commissioner and/or Camp Director. Vandalism or injury to others will not be tolerated. Rule #113 of "Rules for licensing of Children's Camp in the State of Michigan" reads, "A camper shall not be deprived of food or sleep, be placed alone without staff supervision, observation and interaction, or be subject to ridicule, threat, corporal punishment, or excessive physical exercise, or excessive restraints by another camper or staff member." HAZING OR INTIATION IS STRICTLY PROHIBITED.

### RULE 115

It is mandatory that any staff member or volunteer report to his or her Director any actual or suspected case of Child Abuse or Neglect immediately. The Director shall immediately contact the Camp Director, who if after the investigation he finds abuse or neglect, shall by phone report within 24 hours to the Department of Social Services and file a written report within 72 hours. "THIS IS THE RESPONSIBILITY OF ALL STAFF MEMBERS AND VOLUNTEER LEADERS."

### Reporting Procedures:

For abuse taking place in at camp contact a senior camp staff member.

For abuse found in Michigan but taking place in Illinois, call the DCFS hotline, 1-800-252-2873.

### RULE 119

Each staff member and volunteer must be alert at all times to each camper's physical state, any observed change should be reported to the Director for appropriate action.

A copy of the Owasippe procedure for reporting suspected cases of Child Abuse/Neglect follows. This outlines the procedures for you reporting suspected cases of Abuse and Neglect.

### PROCEDURES FOR REPORTING SUSPECTED CASES OF CHILD ABUSE/NEGLECT

1. All camp personnel shall be aware of and guided by Department of Social Services Rule #113, #115, and #119 as printed above.
2. Any camp personnel having reasonable cause to believe that any camper's with whom they have had direct contact has been subjected to Abuse or Neglect shall immediately report the matter to their Camp Director/Supervisor.
3. The Camp Director/Supervisor may consult with the appropriate personnel, evaluate the case, make a record of the report, and SHALL REPORT the incident to the DIRECTOR.
4. The DIRECTOR shall report the matter by telephone within 24 hours to the Department of Social Service.
5. All reports shall be confirmed in writing to the Department of Social Service within 72 hours of the report.
6. Any leader who makes a report shall cooperate with the assigned investigation agency, including full testimony in any judicial proceeding resulting from such report, as to any evidence of Abuse or Neglect, or the case thereof.

All persons must sign this statement that they have knowledge and understanding of the Child Abuse/Neglect reporting requirements. All leaders and staff are required to report suspected cases of Child Abuse/Neglect per these guidelines.

My signature below verifies that I have knowledge and understanding of the requirement for reporting suspected cases of Child Abuse/Neglect.

NAME \_\_\_\_\_  
(PRINT)

NAME \_\_\_\_\_  
(SIGNED)

CAMP \_\_\_\_\_

WEEK \_\_\_\_\_

TROOP # \_\_\_\_\_

DATE \_\_\_\_\_

SITE # \_\_\_\_\_

A personnel record is required to be on file for each staff member, including adult volunteer leaders.

A. Name \_\_\_\_\_

B. Please identify experience, training and certifications received, with expiration date:

CPR \_\_\_\_\_

First Aid \_\_\_\_\_

WSI \_\_\_\_\_

Camp School \_\_\_\_\_

BSA Lifeguard \_\_\_\_\_

Other \_\_\_\_\_

C. Please list previous camp experience:

D. Special skills, qualifications, or talents:

E. **References: (must not be related)**

I recommend the above-identified individual

- |    |             |                |                    |              |                  |
|----|-------------|----------------|--------------------|--------------|------------------|
| 1. | _____       | _____          | _____              | _____        | _____            |
|    | <i>NAME</i> | <i>ADDRESS</i> | <i>CITY, STATE</i> | <i>PHONE</i> | <i>SIGNATURE</i> |
| 2. | _____       | _____          | _____              | _____        | _____            |
|    | <i>NAME</i> | <i>ADDRESS</i> | <i>CITY, STATE</i> | <i>PHONE</i> | <i>SIGNATURE</i> |
| 3. | _____       | _____          | _____              | _____        | _____            |
|    | <i>NAME</i> | <i>ADDRESS</i> | <i>CITY, STATE</i> | <i>PHONE</i> | <i>SIGNATURE</i> |

Have you been convicted of ANY crimes other than Minor Traffic Violations? \_\_\_\_\_

If Yes – Explain: \_\_\_\_\_

Any Infectious Diseases? \_\_\_\_\_

If Yes – Explain: \_\_\_\_\_

BSA REGISTRATION    UNIT \_\_\_\_\_ COUNCIL \_\_\_\_\_ EXPIRATION \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_