Boy Scouts of America
South Florida Council
MERIT BADGE COUNSELOR APPLICATION

(**Please type or print.**
Complete the First, Initial and Last name entries. For additional entries, complete only those that differ from the Adult Application for Merit Badge Counselor on file.*)

First Name	Initial	Last Name	Social Security Number (optional)	Unit Number
Address line one				
Address line two				
City	State	Zip Code		
Home Phone		Business Phone		
Email Address				

To qualify as a merit badge counselor, you must:
- Be at least 18 years old.
- Be proficient in the merit badge subject by vocation or avocation.
- Be able to work with Scout age boys.
- Be registered with the Boy Scouts of America.

As a merit badge counselor, I agree to:
- Follow the requirements of the merit badge, making no deletions or additions, ensuring that the advancement standards are fair and uniform for all Scouts.
- Have a Scout and another adult (2 deep rule) at all instructional sessions.

Check One:
☐ New Application (Requires completion of Adult Application for Merit Badge Counselor Form*)
☐ Revision

List merit badge subjects: (Check to delete a badge.)	Is the subject in line with your job, business or profession? If yes, give brief information.	Do you follow subject as a hobby, having more than a working knowledge of the requirements? If 'yes', give a brief explanation.	If not, do you have any special training or other qualifications for this subject? If 'yes', give a brief explanation.
☐			
☐			
☐			
☐			
☐			
☐			
☐			

District: (Check One)

☐ 3 Pine Island ☐ 5 Fireball ☐ 7 Tequesta ☐ 9 Buccaneer ☐ 11 Thunderbird
☐ 2 Lighthouse ☐ 4 Seminole ☐ 6 Pioneer ☐ 8 Hurricane ☐ 10 Calusa

X _____ _____
Signature of Applicant Date

Applications must be submitted to your District's Advancement Chairman for approval.

_____ _____ _____ _____
District Approval Date Council Approval Date

* The South Florida Council Adult Application for Merit Badge Counselor OR BSA Adult Application must be attached for new applicants See reverse

Revised June 2002

Modified Form for Merit Badge Counselor Registration

Boy Scouts of America
South Florida Council
ADULT APPLICATION
for MERIT BADGE COUNSELOR

District name:

or Troop number:

(The information obtained from this form is for the internal use of BSA only.)

First Name	Initial	Last Name	Social Security Number (optional)	
Address line one				
Address line two				
City	State	Zip Code		
Home Phone		Business Phone	Date of Birth	42 Position Code
Email Address			US Citizen? Yes	No

5. References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

I understand that:

- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in the application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.
- In signing this application, I affirm that I have read the **Purpose of the Boy Scouts of America**, the **Excerpt from the Declaration of Religious Principal**, and the **Leadership Requirements** below and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the rules and regulations of the Boy Scouts of America and the local council. I affirm that the information I have given on this form is true and correct.

6. Additional information.

a. Do you use illegal drugs? Yes No

b. Have you ever been convicted of a criminal offense? Yes No

c. Have you ever been charged with child neglect or abuse? Yes No

d. Has your driver license ever been suspended or revoked? Yes No
(If yes, explain below.)

e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision guidance and care of young people? (If yes, explain below.) Yes No

_____

_____

Youth Protection Training date: _____

Approved by:

_____
Name
☐ Scoutmaster
☐ Troop Committee Chairman

_____
Name
☐ District Advancement Chairman
☐ District Chairman

Purpose of the Boy Scouts of America. The purpose of the Boy Scouts of America is to promote, through the cooperation with other agencies, the ability of youth to do things for themselves and others, and to teach youth patriotism, courage, self-reliance, and kindred virtues. In achieving this purpose, emphasis is placed upon the Boy Scouts of America's educational program and its oaths, promises, and codes for character development, citizenship training, mental, and physical fitness.

Excerpt from the Declaration of Religious Principle. The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but it is absolutely nonsectarian in its attitude toward that religious training. The Boy Scouts of America's policy is that the home and the organization or group with which the member is connected shall give definite attention to religious life.

Only persons willing to subscribe to the Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of leadership.

Leadership Requirements. The applicant must possess the moral, educational, and emotional qualities that the Boy Scouts of America deems necessary to afford positive leadership to youth. The applicant must also be the correct age and subscribe to the Declaration of Religious Principle, and abide by the **Scout Oath or Promise, and the Scout Law**.

X _____ _____
Signature of Applicant Date

Revised June 2002

Approval for Council, District, and Divisional Scouters
We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America.

X _____ _____
Scout Executive or designee Date