

Applications necessary to complete the package

UCRS - Renewal Report Page 1 of 7

UNIT CHARTER RENEWAL REPORT PACKAGE

Patriots Path Council : Troop 1234

New Adult Members
(The application form(s) and Youth Protection certificate(s) for new adult member(s) must be submitted with Renewal Package)

Name and Person ID
John Smith
Peter Smith

New Youth Members
(The application form(s) for new youth member(s) must be submitted with the Unit Charter Renewal Package)

Name and Person ID
John Jones

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This page lists the registrants on the charter who are new and must submit completed applications.

Adult Applications

There are three pieces to a complete adult application. An example of each is provided below. All information must be provided, signatures obtained. The disclosure statement and proof of Youth Protection Training should accompany the adult application.

Youth Applications

Each new youth member must have a completed application submitted to join the scouting program. This application must be filled out completely and signed by both a parent and the unit leader.

Adult Application /1

ADULT APPLICATION 524-501 This form is read by machine. Please print the numbers and letters as shown: 1|2|3|4|5|6|7|8|9|0|A|B|C|D|E|F|G|H|I|

UNIT SCOUTERS (Fill in the circle.) Council/district position

- Print—do not use cursive.
- Print one letter or number only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.

- Fill in radio buttons completely.

Pack Troop Team Crew Ship Unit No. 5432 OR Dis.

TERM MONTHS New leader Former leader

membership certificate; registration may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

COUNCIL NO. TYPE OF UNIT UNIT NO.

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

First name (No initials or nicknames) Middle name Last name Suffix
 DEBORAH SUE SMITH

Country Mailing address City State Zip code
 US 123 ANY STREET ANYTOWN NY 12345

Home phone Business phone Ext. Cell phone
 555-123-4567 555-765-4321 X324 324-556-7890

Date of birth (mm/dd/yyyy) Ethnic background: Native American Alaska Native Asian Other Pacific Islander Hispanic/Latino Black/African American Caucasian/White Driver's license No. 232425 State NY

Gender Social Security No. (required) Occupation Employer
 M F 23-45-6789 NURSE MEMORIAL HOSP

Country Business address City State Zip code
 US 123 ANY ROAD ANYBORO NY 54321

Position Code Scouting position (description) Are you an Eagle Scout? Date earned (mm/dd/yyyy)
 COMMITTEE MEMBER Yes No 1/1/11

E-mail address (Select one) Work Home D E B S @ E M A I L . N E T

I understand that:
 a. The information that I have provided may be verified by the BSA. 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. I am aware of and agree to follow the BSA's Youth Protection policies and will complete Youth Protection training within 30 days of registering.

Signature of applicant: Deborah Smith Date: _____

Signature of unit committee chairman: Robert Jones Date: _____

Signature of chartered organization head or representative: Steve Parker Date: _____

(ACCEPTED) Signature of Scout executive or designee: _____ Date: _____

APPROVAL FOR COUNCIL AND DISTRICT SCOUTERS: We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures, and this applicant meets the leadership qualifications of the BSA.
 Signature of Scout executive or designee: _____ Date: _____

Boys' Life subscription:

Additional information: (Mark each answer) Yes or No
 a. Do you use illegal drugs?
 b. Have you ever been convicted of a criminal offense? (If yes, explain below)
 c. Have you ever been charged with, or investigated or arrested for, child neglect or abuse?
 d. Has your driver's license ever been suspended or revoked? (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 answer is yes, explain below) SPEEDING POINTS 19

4001 Registration fee \$ _____ Boys' Life fee \$ _____ LOCAL COUNCIL COPY Retain on file for three years.

Adult Application /2

DISCLOSURE/AUTHORIZATION FORM

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our program, the Boy Scouts of America will procure consumer reports on you in connection with your application to serve as a volunteer, and the Boy Scouts of America may procure additional consumer reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The Boy Scouts of America has contracted with LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by LexisNexis from public record sources.

The consumer reports will not include credit record checks or motor vehicle record checks.

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to LexisNexis at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize the Boy Scouts of America and LexisNexis to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a volunteer position with the Boy Scouts of America. I also understand that as long as I remain a volunteer, additional consumer reports may be procured at any time. I understand that if the Boy Scouts of America chooses not to accept my application or to revoke my membership based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, LexisNexis.

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

California

Under California law, the consumer reports described above that the Boy Scouts of America will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by LexisNexis during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at LexisNexis offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. LexisNexis will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

I request a free copy of any report procured on me.

New York

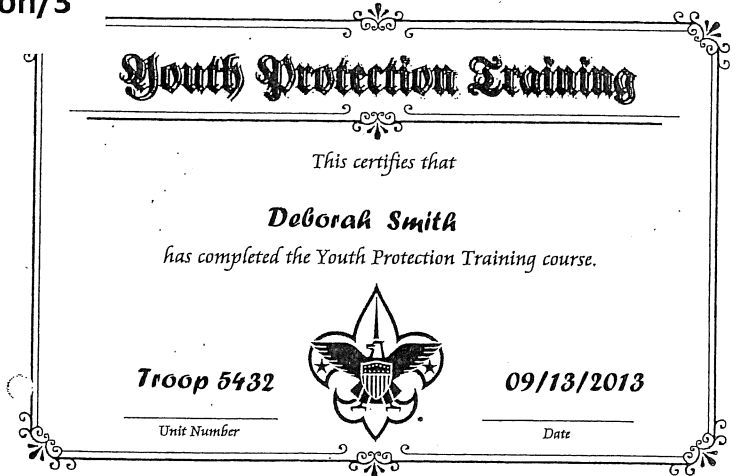
As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with the Boy Scouts of America. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

First name (No initials or nicknames) Please print. Middle name Last name Suffix
 DEBORAH SUE SMITH

Signature of applicant: Deborah Smith Date: 9/13/2013 Unit No.: Troop 5432 Retain in permanent file.

Adult Application/3



Youth Application

USE BLACK OR BLUE INK ONLY.

- Print—do not use cursive.
- Print one letter or number only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.

Unit type: (Fill in the circle.) Cub Scout Pack Boy Scout Troop Varsity Scout Team Venturing Crew Sea Scout Ship Lone Cub Scout Lone Boy Scout Arrow of Light earned

For pack registration select one: Tiger Cub Cub Scout Webelos Scout

Mark here if new to Scouting: Former Scout Former Venturer Former Sea Scout

Transfer from council number: Unit type: Pack Troop Team Crew Ship

from unexpired certificate: Mark and attach certificate. It will be returned by the council.

Fill in radio buttons completely.

Name and address information (Please print one letter in each space—press hard, you are making a copy.)
 First name (No initials or nicknames): JOHN Middle name: ANDREW Last name: SMITH Suffix:
 Country: US Mailing address: ANY STREET ANYTOWN NY 12345
 Home phone: 555-123-4567 Date of birth (mm/dd/yyyy): 01/01/1995 Grade: 06
 School: OAK TREE ELEMENTARY Ethnic background: Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other
 Gender: Male Female Boys' Life subscription
 Mark here if you are the Tiger Cub adult partner.
 Parent/guardian information: Mark here if address is same as above.
 Mark here if the Tiger Cub adult partner is not living at the same address; complete and attach an adult application.
 Select relationship: Parent Guardian Grandparent Other (specify)
 First name (No initials or nicknames): DEBORAH Middle name: SUE Last name: SMITH Suffix:
 Country: US Mailing address: ANY STREET ANYTOWN NY 12345
 Home phone: 555-123-4567 Date of birth (mm/dd/yyyy): Occupation: Employer: Gender: M F
 Business phone: Experience: Call phone:
 Parent/guardian email address:
 Signature of parent/guardian (required if applicant is under 18 years of age): Deborah Sue Smith
 Signature of unit leader (or designee): Bill Taylor Date:
 Registration fee \$ Boys' Life fee \$ Signature of Venturer