



# BSA International Department Contingent Leader Application

This form is to be filled out by an adult volunteer applying to lead a BSA contingent participating in an international Scouting event. A copy of this application will be forwarded to the council Scout executive for review and approval. It is the responsibility of the adult volunteer to notify/update appropriate personnel of any changes of information contained in this application.

BSA Member ID: \_\_\_\_\_ Council: \_\_\_\_\_ District: \_\_\_\_\_

UNIT NAME: \_\_\_\_\_

Event applying to be contingent leader for: \_\_\_\_\_

Position 1: \_\_\_\_\_

Position 2: \_\_\_\_\_

Position 3: \_\_\_\_\_

### MEMBER INFORMATION:

Salutation: Miss  Ms  Mrs  Mr

First Name\*: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Date of Birth (mm/dd/yyyy)\*: \_\_\_\_\_

Evening Phone\*: \_\_\_\_\_

Gender\*:  Male  Female

Daytime Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip Code\*: \_\_\_\_\_

Language:  English  French  Spanish

### EMERGENCY/PARENT/GUARDIAN CONTACT INFORMATION: *Require two emergency contacts.*

#### Emergency Contact 1:

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Daytime Phone\*: \_\_\_\_\_

Evening Phone\*: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship\*: \_\_\_\_\_

#### Emergency Contact 2:

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Daytime Phone\*: \_\_\_\_\_

Evening Phone\*: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship\*: \_\_\_\_\_

### PHOTO RELEASE:

I 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.

Initial Here: \_\_\_\_\_

\* mandatory fields

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**PERSONAL REFERENCE:**

Please provide five references including: an employer; a youth-serving organization; and those who can attest to your character (maximum of one family member permissible). If an employer or volunteer organization is not possible, please include more character references. We will contact references until three have been completed. Email is a required field; please ensure email is correct and legible.

Reference 1 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_

Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ No. of Years Known: \_\_\_\_\_

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Reference 2 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_

Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ No. of Years Known: \_\_\_\_\_

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Reference 3 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_

Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ No. of Years Known: \_\_\_\_\_

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Reference 4 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_

Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ No. of Years Known: \_\_\_\_\_

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Reference 5 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_

Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ No. of Years Known: \_\_\_\_\_

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**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 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. 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, 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 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 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.

**APPLICANT'S AGREEMENT OR CONSENT TO PARTICIPATE:**

To be completed by the Applicant if over 18 years of age

**STATEMENT OF UNDERSTANDING:**

I agree to live by the Scout Oath and Scout Law and to obey and cooperate with event leadership.

I agree to meet my full responsibilities as a member of the BSA contingent and to wear the official uniform when appropriate.

I further agree to submit evidence of fitness to make this trip on the official health form signed by a licensed health-care practitioner, and I will obtain required immunizations.

I have or I will have, read, understood, agreed to the Code of Conduct, and I will abide by the Code of Conduct as a condition of membership.  
[http://www.scouting.org/Home/HealthandSafety/Guidelines\\_Policies.aspx](http://www.scouting.org/Home/HealthandSafety/Guidelines_Policies.aspx)

**X**

Signature

Date (mm/dd/yyyy)

\* mandatory fields