



Pack 90 - Pocono Pines, PA
Minsi Trails Council, BSA

Adult Registration
Pocono Pines, PA

Thanks for Volunteering!

While we try to have all parents involved at every meeting, there are lots of times we are required to have registered adults. By signing up to volunteer, you are an official adult member of our pack! While it will take some time to get everything together, most items are good for several years, and you may not need to do them again until your child crosses into a Scouts BSA troop in fifth grade.

POSITIONS FOR REGISTRATION

All adults work together to help make our pack a success, but we will have to list a specific position on your application. Most adults will register as a Den Leader or Assistant Den Leader (primarily helping with weekly activities), or Pack Committee members (primarily helping make decisions and coordinate events and fundraisers). If you work or are trained in a STEM area, you can also sign up as a Nova award counselor as well.

You Will Need:

*Send a copy of each of these by email (poconopinespack90@gmail.com)
or in person to Cubmaster Jay.*

_____ **A Complete Adult Application**, including references and your Social Security Number (used for the BSA background checks). Include page 3 with your information and page 15 authorizing the BSA background check.

_____ **PA State Police Background Check**, which can be completed online for free at <https://epatch.state.pa.us/>

_____ **Child Abuse History Clearance**, which can be completed online for free at <https://www.compass.state.pa.us/cwis/public/home>

_____ **FBI Background Check or PA In-State Waiver** - if you have lived in PA the last 10 years, you can complete a waiver for free. If not, sign up online to make an appointment to be fingerprinting. This check will cost about \$35 but is good for 5 years.

_____ **Take Youth Protection Training & Weather Hazard Training Online** - Register at my.scouting.org and take both trainings online. Print or save the certificates. If you already have a BSA ID (check in Scoutbook), you can add it to your my.scouting.org account and link your account to our pack. Please still email or a print a copy of your training for us to send in with your application.

_____ **Complete training for your position by January 1st of the next year.** The training can be completed online or in person. Check with the Cubmaster for the next in person training dates. Online training is free, in person training usually costs \$5

BSA ADULT APPLICATION

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

First name (No initials or nicknames)

Middle name

Last name

Suffix

Preferred nickname:

Country

Home address

City

State

Zip code

Home phone

Business phone

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

Social Security No. (required)

Occupation

Employer

Country

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 Scout Code of Conduct.

INITIALS REQUIRED

Signature of applicant

Date

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

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

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.

New leader Position change

Transfer application

Enter membership number from unexpired certificate:

Unit type:

Pack Troop Former leader Multiple registration

Transfer from council number:

Unit type:

Crew Ship Pack Troop Crew Ship

Unit No.:

Boys' Life fee \$

Unit No.

OR

Term: Months

Registration fee \$

Boys' Life fee \$

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?

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 _____

**MINSI TRAILS COUNCIL DISCLOSURE STATEMENT & WAIVER APPLICATION FOR
FBI BACKGROUND CHECK FOR VOLUNTEERS**

**Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25 (relating to criminal homicide)
Section 2702 (relating to aggravated assault)
Section 2709 (relating to stalking)
Section 2901 (relating to kidnapping)
Section 2902 (relating to unlawful restraint)
Section 3121 (relating to rape)
Section 3122.1 (relating to statutory sexual assault)
Section 3123 (relating to involuntary deviate sexual intercourse)
Section 3124.1 (relating to sexual assault)
Section 3125 (relating to aggravated indecent assault)
Section 3126 (relating to indecent assault)

Section 3127 (relating to indecent exposure)
Section 4302 (relating to incest)
Section 4303 (relating to concealing death of child)
Section 4304 (relating to endangering welfare of children)
Section 4305 (relating to dealing in infant children)
Section 5902(b) (relating to prostitution and related offenses)
Section 5903(c) (d) (relating to obscene and other sexual material and performances)
Section 6301 (relating to corruption of minors)
Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be my responsibility.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances. I hereby swear/affirm that the information as set forth above is true and correct.

I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

RETURN THIS FORM TO YOUR UNIT COMMITTEE CHAIR.