

Volunteer Information Sheet

(Circle one) Pack Troop Team Crew Ship

Unit No.	
District Name	

Please print

First name (No initials or nicknames)	Middle name	Last name

Mailing Address	City	State	Zip code

Home phone	Business phone	Cell phone

Date of birth (mm/dd/yyyy)	Driver's license No.	State

Gender M/F	Occupation	Employer
<input type="checkbox"/>		

Business address	City	State	Zip code

Background Information:

Previous residences (for last five years)	Current membership (religious, community, business, labor or professional organization).
City	
State	

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

Name	Name	Name
Telephone	Telephone	Telephone

Additional information. (Circle each answer)

Do you use illegal drugs? Yes or No	Have you ever been convicted of a criminal offense? Yes or No (If yes, explain below.)
Have you ever been charged with child neglect or abuse? Yes or No	Have you ever been convicted of a criminal offense? Yes or No (If yes, explain below.)
Has your driver's license ever been suspended or revoked? Yes or No	

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.)

I understand that:

- a. The information that I have provided may be verified, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.
- b. I affirm that the information I have given on this form is true and correct.

Signature of participant	Date	Boy Scouts of America membership verified.	Date
		Signature of Day Camp Director or District Executive	Date