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		S	Guffix
Signature of applicant		<u>Date</u>		Unit No.		

ADULT APPLICATION 524-501	This form is read by machine. Please print the numbers and le	etters 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	All questions must be answered.
The information obtained in this form is for the internal use of the BSA only.	Troop Team Crew Ship Unit	OR	Scouting background. Position Council Year
internal according box only.	NO.	District name	
EXPIRE DATE / / T	RERM MONTHS New leader Former leader		Experience working with youth in other organizations. Please provide contact information.
If applicant has an unexpired membership certificate; registration may be	e accomplished in this unit by paying \$1 for processing the transfer. Mark and a	attach certificate. It will be returned by the council.	
TRANSFER FROM: COUNCIL NO.	TYPE OF UNIT UNIT NO.		Previous residences (for last five years). City State
Please print one letter in each space—press hard; you are making three	<u> </u>	Suffix	
First name (No initials or nicknames)	Middle name Last name	Sullix	
			4. Current memberships (religious, community, business, labor, or professional organizations).
• • • • • • • • • • • • • • • • • • • •	st Start training	The state of the s	
Country Mailing address	City	State Zip code	References. Please list those who are familiar with your character as it relates to working with youth.
			References may be checked. Name
Home phone Business pl	hone Ext.	Cell phone	Telephone ()
	- X		Name Telephone ()
Date of birth (mm/dd/yyyy) Ethnic background: Black/African American	Driver's license No. Native American Alaska Native Asian	State	Name Telephone ()
	Hispanic/Latino Pacific Islander Other		6. Additional information. Yes or No
Gender Social Security No. (required)	Occupation Emp	ployer	(Mark each answer.) a. Do you use illegal drugs?
○ M ○ F			b. Have you ever been convicted of a criminal offense? (If yes,
Country Business address	City	State Zip code	explain below.) c. Have you ever been charged with,
US			or investigated or arrested for, child neglect or abuse?
Position Code Scouting position (description)	d. Has your driver's license ever been suspended or revoked?		
	Yes	No / /	(If yes, explain below.) e. Other than the above, is there any
E-mail address Work (Select one) Home	@	Boys' Life subscriptio	fact or circumstance involving you or your background that would call
I understand that:	APPROVALS FOR UNIT SCOUTERS: We are unaware of anything co		with the supervision, guidance, and care of young people? (If answer is
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 organize	or This application has been reviewed according to BSA procedures, ar	nd this applicant meets the leadership qualifications	yes, explain below.)
may have information concerning me, or by conducting a criminal background I hereby release and agree to hold harmless from liability any person or organize	check.		
that provides information. I also agree to hold harmless the chartered organizat council, Boy Scouts of America, and the officers, employees, and volunteers the	ion, local	Date:	
b. In signing this application, I have read the attached information and apply for regis the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the F	tration with		COUNCIL AND DISTRICT SCOUTERS of anything contrary to the information stated
Regulations of the Boy Scouts of America and the local council. I affirm that the infon have given on this form is true and correct. I am aware of and agree to follow the BS	rmation I		n. This application has been reviewed according s, and this applicant meets the leadership
Desta de la cilia de adecidade de activada de la constanta de			L- DOA.
Protection policies and will complete Youth Protection training within 30 days of regis	stering. Signature of chartered organization head or representative	Date qualifications of t	ne BSA:
Protection policies and will complete Youth Protection training within 30 days of regis	Signature of chartered organization head or representative	Date qualifications of t	ile R24:
· · · · · · · · · · · · · · · · · · ·	Signature of chartered organization head or representative ate (ACCEPTED) Signature of Scout executive or designee Boys' Life fee \$. LO	<u></u>	ut executive or designee Date