



Volunteer Information Sheet

District:

Unit Type: (circle one)

Unit No

Pack Troop Crew Ship

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/yy)

Driver's License No.

State

Gender M/F

Occupation

Employer

Business Address

City

State

Zip code

Background Information:

Previous residences (for last five years)

City

State

Current memberships: (religious, community, business, or professional org).

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

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

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:

- 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.
- 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.

Signature of Day Camp Director or District Executive Date