



# Volunteer Information Sheet

District:

Unit Type: (circle one)  Pack  Troop  Crew  Ship Unit No

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  Telephone  Name  Telephone  Name  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:

- 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. Signature of Day Camp Director or District Executive  Date