



This checklist is provided to help plan and track your progress to have your new girls' troop ready to start on February 1, 2019! You can get a complete New Unit packet from your Family Scouting Champion or District Executive, or contact Family Scouting Advisor Aaron Chusid at 301-214-9111; aaron.chusid@scouting.org. To ensure a Feb. 1 start date, please have completed paperwork turned into the office by January 18, 2019.

New Troop Checklist and Timeline

Step One - Organization:

- ☐ Meet w/Chartering Organization, get OK
- ☐ Confirm Linked/Separate
- ☐ Confirm Accounting and Equipment Usage
- ☐ Confirm Fundraising

Step Two - Leadership:

- ☐ Select Scoutmaster & Other Leaders
- ☐ Leaders Complete Training for Their Position
- ☐ Develop Annual Program Calendar Outline

Step Three - Recruitment:

- ☐ Plan Recruitment Nights and Events
- ☐ Collect Applications
- ☐ Use One Recruitment Night to Complete Troop Calendar

Step Four - Paperwork:

- ☐ Complete New Unit App. and Charter Agreement
- ☐ Complete 5 Adult & 5 Youth Applications (or more!)
- ☐ Set Date to Collect Fees
- ☐ Turn in Completed Packet by **Jan 18!**

SEPT

OCT

NOV

DEC

JAN

Completed: _____

*Start Date
February 1,
2019!*

Completed: _____

Completed: _____

Fees

*\$2.75 Registration
per member per month
+ \$6.00 Insurance
per member
+ \$40 Charter Fee*

*Optional:
Scouts' Life magazine
\$11 per Scout*

Turned in to Council: _____



Below is a list of the paperwork you need to complete to have your new girls' troop ready to start on February 1, 2019! For assistance with any of this please contact your Family Scouting Champion or District Executive, or contact Family Scouting Advisor Aaron Chusid at 301-214-9111; aaron.chusid@scouting.org. To ensure a Feb. 1 start date, please have completed paperwork turned into the office by January 18, 2019.

☐ **New Unit Application**

Must be signed by leader of Chartering Organization; leave the codes blank.

☐ **Chartered Organization Agreement**

Must be signed by Institution Head or Chartered Org. Rep.

☐ **Adult Leader Applications - at least 5**

Including SSN, birthdate, and ALL signatures.

☐ **Background Check Authorization**

Signed! Required from ALL adults.

☐ **Youth Protection Training Certificate**

For ALL adults.

Adult Leaders Needed:

- Chartered Organization Representative
- Committee Chair
- Committee Members [Minimum of two]
- Scoutmaster
- Assistant Scoutmaster [Recommended]

☐ **Youth Applications - at least 5**

Including birthdate and signatures from parent and Scoutmaster

☐ **Payment For Fees**

*Prorated membership
+ Insurance
+ Charter fee
+ Scouts' Life (optional)*

☐ **Optional Forms**

- Troop Flag Order Form
- Troop Number Patch Order Form

NEW-UNIT APPLICATION

Council No.

Print one letter in each space—leave a space between words.

Chrt. org. code Full name of chartered organization

District No. —Name

County

Special needs or special-interest type

Type of organization

If religious organization, denomination

If not for profit, type of organization

If not for profit, purpose of organization

Mailing address of chartered organization

City

State

Zip code

Physical address of chartered organization, if different

City

State

Zip code

Website address of chartered organization

Executive officer: First name

Middle name

Last name

Suffix

Sex

County

Executive officer email address: ☐ Work ☐ Home

Address

Date of birth (mm/dd/yyyy)

City

State

Zip code

Phone No.

Pack (C) ☐

Team (V) ☐

Ship (P) ☐

Troop (S) ☐

Crew (P) ☐

Effective date

Term (months)

Expire date (month and year)

Unit No.

Special-interest code—Description

100% Boys' Life unit

First issue

Last issue

Subscription term (months)

No.

Youth registration fees

\$

Leader registration fees

\$

Boys' Life fees

\$

Unit liability insurance fees

\$

40.00

Total fees

\$

Signature of executive officer

Signature (for the council)

LOCAL COUNCIL COPY

Retain on file for three years.

THE ANNUAL UNIT CHARTER AGREEMENT BETWEEN:

_____ and the _____ Council, BSA
Chartered Organization Local Council

Pack No. _____ Troop No. _____ Team No. _____ Crew No. _____ Ship No. _____

(Please identify those units chartered by the Chartered Organization.)

The purpose of the Boy Scouts of America (BSA) program is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values and principles taught in the Scout Oath and Scout Law.

The Chartered Organization, as a duly constituted organization that serves youth, desires to use the program(s) of the BSA to further its mission respecting the youth it supports. The Local Council provides the support and service necessary to help the Chartered Organization succeed in its use of Scouting.

The Chartered Organization agrees to:

- Use Scouting to further the Chartered Organization's aims and values for youth.
- Chartered organizations must utilize the Scouting program to accomplish specific objectives related to one or more of the following:
 - o Youth character development
 - o Career skill development
 - o Community service
 - o Patriotism and military and veteran recognition
 - o Faith-based youth ministry
- Conduct the Scouting program consistent with BSA rules, regulations, and policies. They may be found on the My Scouting website and at the following location: www.scouting.org/Membership/Charter_Orgs/resources.aspx.
- Chartered organizations must not use the Scouting program to pursue any objectives related to political or social advocacy, including partisan politics, support or opposition to government action or controversial legal, political, or social issues or causes.
- Be represented in the Local Council and the local Scouting district by a Chartered Organization Representative (COR), who will be appointed by the Chartered Organization. The COR will be the point of contact between the Chartered Organization and the Local Council; will serve as a voting member of district and council committees on which the COR serves; and will, with the Chartered Organization, select and approve volunteer leaders for submission to the Local Council for its consideration. The COR will work with the unit committees sponsored by the Chartered Organization.
- Support unit committee(s) made up of at least three persons for each unit.

- Assure that adults selected as unit leaders are suitable by, at a minimum, having the appropriate leaders of the Chartered Organization review and sign each application.
- Ensure appropriate facilities for the unit for its regular meetings to facilitate the aims of the Chartered Organization and Scouting.
- Encourage adult leaders to receive additional applicable training made available by the council.

The Local Council agrees to:

- Respect the aims and objectives of the Chartered Organization and assist the Chartered Organization by making available Scouting resources.
- Make available to the Chartered Organization and its units and members program training, program resources, and other Scouting support services.
- Make available training and support for the Chartered Organization and for the COR, the primary link between the Chartered Organization, the Local Council, and the BSA. Track and require all unit leaders to attend BSA Youth Protection Training.
- Conduct criminal background checks on adult leaders approved by the Chartered Organization.
- Provide camping opportunities, administrative support, and professional staff to assist the Chartered Organization in developing a successful Scouting program.
- Provide primary general liability insurance to cover the Chartered Organization, its board, officers, COR, employees, and Scouting members and volunteers for authorized Scouting activities. Indemnify the Chartered Organization in accordance with the resolutions and policies of the National Executive Board of the Boy Scouts of America.

Signed _____
For the chartered organization

Title _____ Date _____

Signed _____
For the BSA local council

Title _____ Date _____

Signed _____
Chartered Organization Representative

Title _____ Date _____



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

BSA ADULT APPLICATION

First name (No initials or nicknames)

Middle name

Last name

Suffix

Preferred nickname:

Country

U S A

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

☐ M ☐ F

Social Security No. (required) - -

Occupation

Employer

Country

U S A

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 Scouter Code of Conduct.

INITIALS REQUIRED

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

Date

☐ 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

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application 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 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

Unit type:

☐ Pack ☐ Troop ☐ Crew ☐ Ship

District name

Unit No. OR

Enter membership number from unexpired certificate:

Transfer from council number:

Unit type:

☐ Pack ☐ Troop ☐ Crew ☐ Ship

Unit No.:

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?

524-501 LOCAL COUNCIL COPY

Tear off the following pages and provide to applicant separately.

**BACKGROUND CHECK
DISCLOSURE**

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency (“CRA”) to Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”).

Company may obtain a consumer report on you to be used for employment purposes as defined by applicable law (in your case this means for the purpose of evaluating you as a new or existing volunteer).

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 _____

BSA YOUTH MEMBER APPLICATION

YOUTH INFORMATION

First name (No initials or nicknames)	Middle name	Last name	Suffix	Preferred nickname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Mailing address	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	Date of birth (mm/dd/yyyy)	Grade	Ethnic background:	Gender:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/> Black/African American <input type="radio"/> Native American <input type="radio"/> Alaska Native	<input type="radio"/> Male <input type="radio"/> Female
School			<input type="radio"/> Caucasian/White <input type="radio"/> Pacific Islander <input type="radio"/> Asian	
<input type="text"/>			<input type="radio"/> Hispanic/Latino <input type="radio"/> Other	<input type="radio"/> Boys' Life subscription

PARENT/GUARDIAN INFORMATION

☐ Mark here if address is same as above. ☐ Mark here if you are the Lion or Tiger adult partner. ☐ Mark here if the Lion or Tiger adult partner is not living at the same address and complete and attach an adult application.

Select relationship: ☐ Parent ☐ Guardian ☐ Grandparent ☐ Other (specify)

First name (No initials or nicknames)	Middle name	Last name	Suffix	Preferred nickname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Mailing address	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	Date of birth (mm/dd/yyyy)	Occupation	Employer	Gender:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
Cell phone	Business phone	Ext.	Previous Scouting experience	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	

I have read the attached information for parents and approve the application. I affirm that I have or will review "How to Protect Your Children From Child Abuse: A Parent's Guide."

Signature of parent/guardian Date / /

Parent/guardian email address

To be completed by unit

Signature of unit leader (or designee)	Date	If applicant has unexpired membership certificate, registration may be accomplished at no charge by transferring the registration.
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Transfer application Enter membership number from unexpired certificate: <input type="text"/>
Unit type: <input type="radio"/> Cub Scout Pack <input type="radio"/> Boy Scout Troop <input type="radio"/> Venturing Crew <input type="radio"/> Sea Scout Ship <input type="radio"/> Lone Cub Scout <input type="radio"/> Lone Boy Scout	Transfer from council number: <input type="text"/>	Unit type: <input type="radio"/> Pack <input type="radio"/> Troop <input type="radio"/> Crew <input type="radio"/> Ship Unit No.: <input type="text"/>
Unit No.: <input type="text"/>	For pack registration select one: <input type="radio"/> Lion <input type="radio"/> Tiger <input type="radio"/> Wolf <input type="radio"/> Bear <input type="radio"/> Webelos	



Custom Unit Flag REFERENCE FORM

Contact Person Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ E-mail _____

Employee Use Only

Confirmation #:

Store #

Gift Card:

Associate:

Unit Flag Lettering Instructions

Top Half of Unit Flag:

Line 1: Type of unit (pack, troop, crew, or ship) and unit number.

Line 2: Chartered institution's name (optional).

Lower Half of Unit Flag:

Line 1: Town or city (geographic name)
and name of state (usually abbreviated).

Line 2: Council name (optional)

CHARTERED INSTITUTION NAME (optional)
EMBLEM
CITY, STATE (abbreviate if desired)
COUNCIL NAME (optional)

- Allow 4 -6 weeks for delivery.
- Prices are subject to change without notice.
- Regulations prohibit variations in the wording or location of the lettering on the unit flag.
- All unit flags must be lettered with type of unit, unit number, town/city, and state.
- To ensure uniformity, it is BSA policy that only unit flags complete with lettering will be sold.

Catalog #	Item Description	Quantity	Price	Total Price	
618636	Pack Flag 18" X 24"		\$39.99		
618637	Pack Flag 3' X 5'		\$99.99		
618638	Pack Flag 4' 4" X 5' 6"		\$119.99		
618633	Troop Flag 18" X 24 "		\$39.99		
618634	Troop Flag 3' X 5'		\$99.99		
618635	Troop Flag 4' 4" X 5' 6"		\$119.99		
618642	Team Flag 3' X 5'		\$99.99		
618643	Team Flag 4' 4" X 5' 6"		\$119.99		
618639	Crew Flag 18" X 24"		\$39.99		
618640	Crew Flag 3' X 5'		\$99.99		
618641	Crew Flag 4' 4" X 5' 6"		\$119.99		
618644	Post Flag 3' X 5'		\$99.99		
618645	Post Flag 4' 4" X 5' 6"		\$119.99		
618650	Ship Flag 3' X 5'		\$99.99		
618646	Special Flag 3' X 5'		\$99.99		
618647	Special Flag 4' 4" X 5' 6"		\$119.99		
11035	Add Fringe 3' X 5'		\$11.35		
11036	Add Fringe 4' 4" X 5' 6"		\$13.65		
11117	Memorial Stars		\$3.49		
★	Veteran Unit Flag Emblem *(Specify yr. in 5 yr. increments.)		No Charge		

Shipping is **required** for all custom orders and is not negotiable.

Pre-payment is **required** for all custom orders.

You will be notified by phone when orders are ready for pick-up.

Subtotal		
Shipping		
Grand Total		



Custom Unit Number REFERENCE FORM

Employee Use Only

PO# _____
Gift _____

Sold to:

Name _____
(please print)
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ E-mail Address _____

Ship to: (Your order will be shipped to the "Sold to" address unless specified here.)

Name _____
(please print)
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ E-mail Address _____

Allow 6 weeks for delivery. Prices are subject to change without notice
Must order a minimum quantity of 12 per style in multiples of 12.

Unit Number

Pack, Troop, Team, Crew
Required for Purchase

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Veteran Years

Rounded to the nearest 5 or 10 years (25 to 105)
(Optional)

--	--	--

Chartered Organization

Up to 18 characters, including spaces.
(Optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Catalog #	Item Description	Multiples of 12. Min. 12	Price per Individual	Price	Total Price	
10409	Red & White 2 Digit		\$2.99	\$35.88		
18083	Tan & Green 2 Digit		\$2.99	\$35.88		
10410	Red & White 3 Digit		\$4.99	\$59.88		
18084	Tan & Green 3 Digit		\$4.99	\$59.88		
10411	Red & White 4 Digit		\$5.99	\$71.88		
18085	Tan & Green 4 Digit		\$5.99	\$71.88		
10412	Red & White 2 Digit W/ Vet Bar		\$4.99	\$59.88		
18117	Tan & Green 2 Digit W/ Vet Bar		\$4.99	\$59.88		
10413	Red & White 3 Digit W/ Vet Bar		\$5.99	\$71.88		
18118	Tan & Green 3 Digit W/ Vet Bar		\$5.99	\$71.88		
10414	Red & White 4 Digit W/ Vet Bar		\$7.99	\$95.88		
18119	Tan & Green 4 Digit W/ Vet Bar		\$7.99	\$95.88		
18169	T & G 3 Digit Charter Organization		\$5.99	\$71.88		
18171	R & W 3 Digit Charter Organization		\$5.99	\$71.88		
18170	T & G 4 Digit Charter Organization		\$7.99	\$95.88		
18172	R & W 4 Digit Charter Organization		\$7.99	\$95.88		

Shipping is **required** for all custom orders and is not negotiable.

Pre-payment is **required** for all custom orders.

You will be notified by phone when orders are ready for pick-up.

Subtotal			
Shipping			
Grand Total			