

ADULT APPLICATION



BOY SCOUTS OF AMERICA

Be a Scouting Volunteer

In a Cub Scout pack, Boy Scout troop, Varsity Scout team, Venturing crew, or Sea Scout ship—or in any position in a district or council—your participation is a service to your community and helps youth become better citizens.

Quality leadership is important in the training of youth as members of the Boy Scouts of America. This application helps select the best individuals for their volunteer roles. Thank you for completing all items in this application. See instructions on the inside cover.

BY SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING A CRIMINAL BACKGROUND CHECK OF YOURSELF.

THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES. YOU WILL HAVE AN OPPORTUNITY TO

REVIEW AND CHALLENGE ANY ADVERSE INFORMATION DISCLOSED BY THE CHECK.

IF YOU WOULD LIKE A COPY OF YOUR CRIMINAL BACKGROUND REPORT,
PLEASE CONTACT YOUR LOCAL COUNCIL OFFICE.

THANK YOU FOR GIVING YOUR TIME TO THE YOUTH OF AMERICA.

The mission of the Boy Scouts of America is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Law.

Scout Oath

On my honor I will do my best
To do my duty to God and my country
and to obey the Scout Law;
To help other people at all times;
To keep myself physically strong,
mentally awake, and morally straight.

Scout Law

A Scout is:

Trustworthy Obedient
Loyal Cheerful
Helpful Thrifty
Friendly Brave
Courteous Clean
Kind Reverent

Youth Protection Training

All volunteers are expected to complete Youth Protection training. It is available online on the Web site http://olc.scouting.org and each local council provides training to leaders on a regular basis throughout the year. As a volunteer, you are expected to complete the training within 90 days of assuming a leadership position.

For more information, refer to the back of the applicant copy.

28-501E 107

Purpose of the Boy Scouts of America

The purpose of the Boy Scouts of America is to promote, through cooperation with other agencies, the ability of youth to do things for themselves and others, and to teach youth patriotism, courage, self-reliance, and kindred virtues. In achieving this purpose, emphasis is placed upon the Boy Scouts of America's educational program and its oaths, promises, and codes for character development, citizenship training, and mental and physical fitness.

Excerpt From Declaration of Religious Principle

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the

APPROVAL REQUIRED—UNIT SCOUTERS

Unit committee chairman approves all adult personnel except the chartered organization representative and committee chairman.

Chartered organization head or chartered organization representative. The chartered organization representative is approved by the head of the chartered organization. Following approval by the unit

member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to these precepts from the Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of leadership.

Leadership Requirements

The applicant must possess the moral, educational, and emotional qualities that the Boy Scouts of America deems necessary to afford positive leadership to youth. The applicant must also be the correct age, and subscribe to the precepts of the Declaration of Religious Principle, and abide by the Scout Oath or Promise, and the Scout Law.

committee chairman, all other adult unit personnel must be approved by the head of the chartered organization or the chartered organization representative.

Scout executive or designee must approve all unit Scouters.

APPROVAL REQUIRED—COUNCIL and DISTRICT SCOUTERS

Scout executive or designee must approve all council and district Scouters.

Scouting magazine. This magazine is sent to all registered, paid adult members.

Boys' Life. Registered adults get a special rate of \$12 a year (half the regular rate of \$24 a year). For a subscription to a great magazine and up-to-date information on boys and Scouting, just attach the appropriate amount and fill in the *Boys' Life* circle. Please calculate and remit the appropriate state and local taxes. On late registrations it may be necessary to deliver back issues.

Qualification. Adults who are not citizens of the United States but who reside within the country may register with the Boy Scouts of America in any capacity if they agree to abide by the Scout Oath or Promise and the Scout Law, to respect and obey the laws of the United States of America, and to subscribe to the precepts of the Declaration of Religious Principle. All leaders must be 21 years of age or older, except assistant Scoutmasters, assistant den leaders, assistant Cubmasters, assistant Webelos den leaders, and assistant Varsity Scout coaches, who must be 18 or older. No one may register in more than one position in the same unit, except the chartered organization representative (who can multiple only as the committee chairman (CC) or a committee member (MC)).

I submit my \$10 registration fee for one year, \$2 of which is to cover a subscription to *Scouting* magazine. Short-term fees are pro rata amounts as indicated.

Ethnic Background Information. The BSA receives inquiries from various agencies regarding racial composition. Please fill in the appropriate circle on the application to indicate ethnic background.

BSA Privacy Policy. The Boy Scouts of America protects the confidentiality of the names and personal information of those who are affiliated with the movement. No commercial or unauthorized use is made of the names, addresses, and other confidential information of members. Access to this information is strictly limited.

This application is designed to be an information-gathering aid. Answers given by the applicant are to be verified in those instances where a legitimate question arises as to his/her qualifications.

INSTRUCTIONS

Unit Scouters

- 1. Complete and sign the top copy. Keep the back copy (applicant copy) and give the remaining copies to the committee chairman with the proper fees.
- After the application has been reviewed and, if necessary, references checked by the unit committee, secure the approvals. The process set forth in the publication Selecting Quality Leaders, No. 18-981, must be completed for all positions of Scoutmaster, assistant Scoutmaster, Varsity Coach, and assistant Varsity Coach.
- 3. The committee chairman keeps the unit copy, gives one copy to the chartered organization, and forwards the remaining copy to the local council service center for approval and processing.

Council and District Scouters

- 1. Complete and sign the application.
- 2. Send the proper fee and all three copies of the application to the local council service center for approval and processing.

| | FEE CHART | | CR | Chartered organization representative | | |
|--------|--------------|-------|----------|--|--|--|
| Months | Registration | Boys' | CC | Chartered organization representative Committee chairman | | |
| | | Life | MC | Committee member | | |
| 1 | .85 | _ | SM | Scoutmaster ** | | |
| 2 | 1.70 | 2.00 | SA NL | Assistant Scoutmaster** Crew Advisor | | |
| 3 | 2.55 | 3.00 | NA | Crew associate Advisor | | |
| | 0.40 | 4.00 | SK | Skipper | | |
| 4 | 3.40 | 4.00 | MT | Mate | | |
| 5 | 4.25 | 5.00 | VC | Varsity Scout Coach** | | |
| J | 4.20 | 0.00 | VA | Assistant Varsity Scout Coach** | | |
| 6 | 5.10 | 6.00 | CM | Cubmaster** | | |
| 7 | F 0F | 7.00 | CA | Assistant Cubmaster** | | |
| 7 | 5.95 | 7.00 | WL | Webelos den leader** | | |
| 8 | 6.80 | 8.00 | WA | Assistant Webelos den leader** | | |
| · · | 0.00 | 0.00 | DL | Den leader ** | | |
| 9 | 7.65 | 9.00 | DA | Assistant den leader** | | |
| 10 | 0.50 | 10.00 | TL | Tiger Cub den leader | | |
| 10 | 8.50 | 10.00 | PT | Pack trainer | | |
| 11 | 9.35 | 11.00 | 42 | Merit badge counselor | | |
| | | | 88 | Lone Cub Scout friend and counselor** | | |
| 12 | 10.00 | 12.00 | 96 | Lone Scout friend and counselor** | | |
| | | | **Wil | I receive Program Helps as inserts in Scouting | | |
| | | | | | | |

LINIT POSITION CODE

Tips for completing the Application for Adult Membership: (Use blue or black ink)

- ➤ Print—do not use cursive.
- ➤ Use black or dark blue ink.
- > Press firmly when printing.
- ➤ Print one letter only in each box.
- ➤ Use upper-case letters and stay within the blue boxes for legibility.
- ➤ Fill in circles; do not use check marks.
- ➤ Make sure you have all needed signatures on application.
- ➤ Don't alter the application—it could affect the quality of the scan.

Mailing address example:

| | | 7 | 0 | 3 | | F | 1 | R | S | T | | S | T | |
|--|--|---|---|---|--|---|---|---|---|---|--|---|---|--|
|--|--|---|---|---|--|---|---|---|---|---|--|---|---|--|

| ADULT APPLICATION | This form is read by n | machine. Please print the num | bers and letters as show | vn: 1 2 3 4 | 5 6 7 8 9 | 0 A B C D E F G H I |
|--|---|--|-----------------------------------|----------------------------|-------------------------------|---|
| Г | UNIT SCOUTERS | UNIT SCOUTERS (Fill in the circle.) | | | | Scouting background. Position Council Year |
| The information obtained in this form is for the internal use of the BSA only. | Troop Team | Crew Ship Unit | OR | | | |
| EXPIRE DATE / / | TERM MONTHS | No. TERM MONTHS New leader Former leader | | | | Experience working with youth in other organizations. |
| If applicant has an unexpired membership certificate; registration m | av be accomplished in this unit | by paying \$1 for processing the trans | fer. Mark and attach certificate. | It will be returned by the | council. | |
| TRANSFER FROM: COUNCIL NO. | TYPE OF UNIT | UNIT NO. | | | | 3. Previous residences (for last five years). City State State |
| Please print one letter in each space—press hard; you are making th | • | lt | | | O. ffi | |
| First name (No initials or nicknames) | Middle name | Last name | | | Suffix | 4. Current memberships (religious, community, |
| | | | | | | business, labor, or professional organizations). |
| Have you completed: Youth Protection training | Fast Start training | | | | | 5. References. Please list those who are familiar |
| Country Mailing address | | City | | State Zip co | ode | with your character as it relates to working with youth. References will be checked when |
| | | | | | | necessary. Name |
| Home phone Busines | s phone | Ext. | Cell phone | | | Telephone () |
| | - - | X | | - - | | Name Telephone () |
| Date of birth (mm/dd/yyyy) Ethnic background: | | Driv | er's license No. | | State | Name |
| / African America Caucasian/Whit | | Alaska Native Asian Pacific Islander Other | | | | 6. Additional information. Yes or No (Mark each answer.) |
| Gender Social Security number (required) | Occupation | Tuomo isianasi — onioi — | Employer | | | a. Do you use illegal drugs? |
| O M O F | | | | | | b. Have you ever been convicted of a criminal offense? (If yes, |
| Country Business address | | City | | State Zip co | de | explain below.) c. Have you ever been charged with |
| | | | | | | child neglect or abuse? |
| Position Code Position (Description) | | Aı | e you an Eagle Scout? Date e | earned (mm/dd/yyyy) | | 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 Business | | | | Do Do | wa' Lifa | fact or circumstance involving you or your background that would call |
| (Select one) Home | | | | Su Su | <i>ys' Life</i> bscription | into question your being entrusted with the supervision, guidance, |
| I understand that: a. The information that I have provided may be verified, if necessary, by con or organizations named in this application, or by contacting any person or or that may have information concerning me, or by conducting a criminal back | tacting persons We are unaw rganization according to | FOR UNIT SCOUTERS ware of anything contrary to the inform BSA procedures and this applicant m | | | | and care of young people? (If yes, explain below.) |
| Thereby release and agree to hold harmless from liability any person or org that provides information. I also agree to hold harmless the chartered organ | anization | | | | | |
| council, Boy Scouts of America, and the officers, employees, and volunteers b. In signing this application, I have read the attached information and app | thereof. Signature of | Signature of unit committee chairman Date I. Signature of chartered organization head or representative Date | | | | OR COUNCIL AND DISTRICT SCOUTERS |
| registration with the Boy Scouts of America. I agree to comply with the Ch Bylaws, and the Rules and Regulations of the Boy Scouts of America and t | arter and | | | | | are of anything contrary to the information application. This application has been reviewed |
| I affirm that the information I have given on this form is true and correct. I Youth Protection guidelines. | will follow the | | | | | according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America: |
| | | | | | | |
| | | | | | | |

ADULT APPLICATION UNIT SCOUTERS (Fill in the circle.) Council/district position Scouting background. Position Year The information obtained in this form is for the Pack Ship Unit Troop Team Crew OR internal use of the BSA only. District name 2. Experience working with youth in other **EXPIRE DATE** MONTHS organizations. New leader Former leader If applicant has an unexpired membership certificate; registration may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council. 3. Previous residences (for last five years) City TYPE OF UNIT UNIT NO. TRANSFER FROM: COUNCIL NO. Please print one letter in each space—press hard; you are making three copies. Suffix First name (No initials or nicknames) Middle name Last name 4. Current memberships (religious, community, business, labor, or professional organizations). Have you completed: Fast Start training Youth Protection training 5. References. Please list those who are familiar with your character as it relates to working Country Mailing address City State Zip code with youth. References will be checked when necessary. Name Fxt. Telephone (Home phone Business phone Cell phone Name Telephone (Name State Date of birth (mm/dd/yyyy Ethnic background: Driver's license No Telephone (American Indian Alaska Native African American Asian 6. Additional information. Yes or No Caucasian/White Hispanic/Latino Pacific Islander Other (Mark each answer.) Gender Social Security number (required) Occupation **Employer** a. Do you use illegal drugs? b. Have you ever been convicted of \bigcirc M a criminal offense? (If yes, explain below.) Country **Business address** City State Zip code c. Have you ever been charged with child neglect or abuse? d. Has vour driver's license ever Position Code Position (Description) Are you an Eagle Scout? Date earned (mm/dd/yyyy) been suspended or revoked? (If yes, explain below.) e. Other than the above, is there any fact or circumstance involving you or your background that would call E-mail address Business Boys' Life into question your being entrusted (Select one) subscription Home with the supervision, quidance, and care of young people? (If yes, I understand that: APPROVALS FOR UNIT SCOUTERS explain below.) a. The information that I have provided may be verified, if necessary, by contacting persons We are unaware of anything contrary to the information stated in this application. This application has been reviewed or organizations named in this application, or by contacting any person or organization according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America: 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. Signature of unit committee chairman Date APPROVAL FOR COUNCIL AND DISTRICT SCOUTERS b. In signing this application, I have read the attached information and apply for We are unaware of anything contrary to the information registration with the Boy Scouts of America. I agree to comply with the Charter and stated in this application. This application has been reviewed Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. according to BSA procedures and this applicant meets the I affirm that the information I have given on this form is true and correct. I will follow the Signature of chartered organization head or representative Date leadership qualifications of the Boy Scouts of America: Youth Protection guidelines. Signature of applicant (ACCEPTED) Signature of Scout executive or designee Date Signature of Scout executive or designee Date Registration fee \$ Boys' Life fee \$ Retain on file for three years. CHARTERED ORGANIZATION COPY 28-501E

ADULT APPLICATION UNIT SCOUTERS (Fill in the circle.) Scouting background. Council/district position Position Year The information obtained in this form is for the Pack Ship Unit Troop Team Crew OR internal use of the BSA only. District name 2. Experience working with youth in other **EXPIRE DATE** MONTHS organizations. New leader Former leader If applicant has an unexpired membership certificate; registration may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council. 3. Previous residences (for last five years) City TYPE OF UNIT UNIT NO. TRANSFER FROM: COUNCIL NO. Please print one letter in each space—press hard; you are making three copies. Suffix First name (No initials or nicknames) Middle name Last name 4. Current memberships (religious, community, business, labor, or professional organizations). Have you completed: Fast Start training Youth Protection training 5. References. Please list those who are familiar with your character as it relates to working Country Mailing address City State Zip code with youth. References will be checked when necessary. Name Fxt. Telephone (Home phone Business phone Cell phone Name Telephone (Name State Date of birth (mm/dd/yyyy Ethnic background: Driver's license No Telephone (American Indian Alaska Native African American Asian 6. Additional information. Yes or No Caucasian/White Hispanic/Latino Pacific Islander Other (Mark each answer.) Gender Social Security number (required) Occupation **Employer** a. Do you use illegal drugs? b. Have you ever been convicted of \bigcirc M a criminal offense? (If yes, explain below.) Country **Business address** City State Zip code c. Have you ever been charged with child neglect or abuse? d. Has vour driver's license ever been suspended or revoked? Position Code Position (Description) Are you an Eagle Scout? Date earned (mm/dd/yyyy) (If yes, explain below.) e. Other than the above, is there any fact or circumstance involving you or your background that would call E-mail address Business Boys' Life into question your being entrusted (Select one) subscription Home with the supervision, guidance, and care of young people? (If yes, I understand that: APPROVALS FOR UNIT SCOUTERS explain below.) a. The information that I have provided may be verified, if necessary, by contacting persons We are unaware of anything contrary to the information stated in this application. This application has been reviewed or organizations named in this application, or by contacting any person or organization according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America: 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. Signature of unit committee chairman Date APPROVAL FOR COUNCIL AND DISTRICT SCOUTERS b. In signing this application, I have read the attached information and apply for We are unaware of anything contrary to the information registration with the Boy Scouts of America. I agree to comply with the Charter and stated in this application. This application has been reviewed Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. according to BSA procedures and this applicant meets the I affirm that the information I have given on this form is true and correct. I will follow the Signature of chartered organization head or representative Date leadership qualifications of the Boy Scouts of America: Youth Protection guidelines. Signature of applicant (ACCEPTED) Signature of Scout executive or designee Date Signature of Scout executive or designee Date Registration fee \$ Boys' Life fee \$ Retain on file for three years. **UNIT COPY** 28-501E

ADULT APPLICATION UNIT SCOUTERS (Fill in the circle.) Scouting background. Council/district position Position Year The information obtained in this form is for the Pack Ship Unit Troop Team Crew OR internal use of the BSA only. District name 2. Experience working with youth in other **EXPIRE DATE** MONTHS organizations. New leader Former leader If applicant has an unexpired membership certificate; registration may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council. 3. Previous residences (for last five years) City TYPE OF UNIT UNIT NO. TRANSFER FROM: COUNCIL NO. Please print one letter in each space—press hard; you are making three copies. Suffix First name (No initials or nicknames) Middle name Last name 4. Current memberships (religious, community, business, labor, or professional organizations). Have you completed: Fast Start training Youth Protection training 5. References. Please list those who are familiar with your character as it relates to working Country Mailing address City State Zip code with youth. References will be checked when necessary. Name Fxt. Telephone (Home phone Business phone Cell phone Name Telephone (Name State Date of birth (mm/dd/yyyy Ethnic background: Driver's license No Telephone (American Indian Alaska Native African American Asian 6. Additional information. Yes or No Caucasian/White Hispanic/Latino Pacific Islander Other (Mark each answer.) Gender Social Security number (required) Occupation **Employer** a. Do you use illegal drugs? b. Have you ever been convicted of \bigcirc M a criminal offense? (If yes, explain below.) Country **Business address** City State Zip code c. Have you ever been charged with child neglect or abuse? d. Has vour driver's license ever Position Code Position (Description) Are you an Eagle Scout? Date earned (mm/dd/yyyy) been suspended or revoked? (If yes, explain below.) e. Other than the above, is there any fact or circumstance involving you or your background that would call E-mail address Business Boys' Life into question your being entrusted (Select one) subscription Home with the supervision, guidance, and care of young people? (If yes, I understand that: APPROVALS FOR UNIT SCOUTERS explain below.) a. The information that I have provided may be verified, if necessary, by contacting persons We are unaware of anything contrary to the information stated in this application. This application has been reviewed or organizations named in this application, or by contacting any person or organization according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America: 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. Signature of unit committee chairman Date APPROVAL FOR COUNCIL AND DISTRICT SCOUTERS b. In signing this application, I have read the attached information and apply for We are unaware of anything contrary to the information registration with the Boy Scouts of America. I agree to comply with the Charter and stated in this application. This application has been reviewed Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. according to BSA procedures and this applicant meets the I affirm that the information I have given on this form is true and correct. I will follow the Signature of chartered organization head or representative Date leadership qualifications of the Boy Scouts of America: Youth Protection guidelines. Signature of applicant (ACCEPTED) Signature of Scout executive or designee Date Signature of Scout executive or designee Date Registration fee \$ Boys' Life fee \$ Retain on file for three years. APPLICANT COPY 28-501E

Training for New Volunteers

†Trained

Welcome to Scouting! As a new Scout volunteer, you are joining our Scouting family, and we want you to understand how the program works.

The Boy Scouts of America is committed to your success as a volunteer while serving young people. To help you be successful there are training materials designed for you.

Every Boy Deserves a Trained Leader

First things first! There are two types of training to begin your road to success. They are Fast Start Orientation, which presents a quick introduction to get new volunteers ready for your first meeting or activity, and Youth Protection training.

What Is Youth Protection Training?

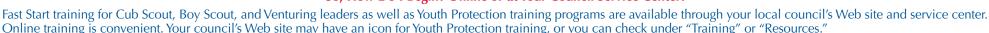
We seek to create as safe an environment as possible for young people to enjoy our program's activities. The Boy Scouts of America Youth Protection training addresses strategies for personal safety awareness for youth as well as adults. Age-appropriate programs and DVD materials include:

- Youth Protection Guidelines: Training for Volunteer Leaders and Parents—Adults come away with a much clearer awareness of the kinds of abuse, the signs of abuse, and how to respond and report should a situation arise.
- Youth Protection Guidelines: Training for Adult Venturing Leaders—Designed to give guidance to the leaders in our teenage coed Venturing program. Supervision and relationship issues have a different focus regarding personal safety with this age group.
- It Happened to Me—Developed for Cub Scout—age boys from 6 to 10 years old and their parents. It addresses the four rules of personal safety: Check first, go with a friend, it's your body, and tell.
- A Time to Tell—A video for Boy Scout—age boys from 11 to 14 years old—the target group for most molesters. It stresses the three R's of youth protection: Recognize, Resist, and Report.
- Youth Protection: Personal Safety Awareness—Developed for youth ages 14 through 20 in the coeducational Venturing program. It deals with issues pertinent to this age group.



The Boy Scouts of America has adopted these policies primarily for the protection of our youth members; however, they also serve to protect our adult volunteers and leaders from false accusations of abuse.

Two-deep leadership—No one-on-one contact—Respecting privacy—Reporting problems So, How Do I Begin? Online or at Your Council Service Center!



Don't know your council's Web address? Go to http://olc.scouting.org and select the training that fits your needs.

You are expected to complete Youth Protection Guidelines: Training for Volunteer Leaders and Parents or, if you are involved in Venturing, Youth Protection Guidelines: Training for Adult Venturing Leaders within the first 90 days of your registration.

What Makes a Trained Leader? (Check when completed)

| Youth Protection Guidelines |
|---|
| Cub Scout leaders are considered trained when they have completed New Leader Essentials and the Cub Scout Leader Specific Training for their position. |
| Scoutmasters and assistant Scoutmasters are considered trained when they have completed New Leader Essentials, Scoutmaster and Assistant Scoutmaster Leader Specific Training, and Introduction to Outdoor Leader Skills. |
| Troop committee members are considered trained when they have completed New Leader Essentials and the Troop Committee Challenge as their leader-specific training. |
| Varsity Scout leaders and assistants are considered trained when they have completed New Leader Essentials, Varsity Scout Leader Specific Training, and Introduction to Outdoor Leader Skills. |
| Venturing crew Advisors, assistant Advisors, and crew committee members are considered trained when they have completed New Leader Essentials and Venturing Leader Specific Training. |
| National Parent Initiative |

The National Parent Initiative has been designed to increase youth and parent recruitment, retention, advancement, participation, dedication, and a passion for Scouting. Your involvement and commitment is essential to the success of your child's Scouting experience. We encourage the parents (guardians) for each child to:

- 1. Participate with them.
- 3. Be part of their unit's program—both weekly meetings and outings. 5. Coach them on their advancement and earning of recognition awards.
- 2. Go to and observe their meetings. 4. Support the program financially.

6. Help in at least one support role during the year.