

# **MERIT BADGE COUNSELOR APPLICATION**

**- YOU MUST COMPLETE BOTH SIDES OF THIS FORM FOR YOUR APPLICATION TO BE CONSIDERED -**

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Unit # \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

**To qualify as a merit badge counselor you must be: at least 18 years old, proficient in the merit badge subject by vocation or avocation, able to work with Scout-age boys, and registered as a Merit Badge Counselor with the Boy Scouts of America.**

I request approval as a counselor in the following merit badges (Note: no more than 10 per counselor as a procedure set by the NNJC Advancement Committee). When determining the qualifications of a Merit Badge Counselor please consider the following: Is this subject in line with your job, business, or profession? Do you follow this subject as a hobby, having more than a "working knowledge" of the requirements? If not, do you have any special training, or other qualifications for this subject? Please supply a brief description that you feel qualifies you to be a merit badge counselor for the merit badges selected on the lines provided next to the merit badge:

**MERIT BADGE**

**EXPERIENCE/QUALIFICATIONS**

- |           |       |
|-----------|-------|
| 1. _____  | _____ |
| 2. _____  | _____ |
| 3. _____  | _____ |
| 4. _____  | _____ |
| 5. _____  | _____ |
| 6. _____  | _____ |
| 7. _____  | _____ |
| 8. _____  | _____ |
| 9. _____  | _____ |
| 10. _____ | _____ |

Have you completed Youth Protection Training? (circle) YES NO      If Yes date completed: \_\_\_\_\_

Have you attended a Merit Badge Counselor Orientation? (circle) YES NO      If Yes date completed: \_\_\_\_\_

*I recognize the responsibilities of a Merit Badge Counselor and, should I be approved, agree to do my best to fulfill the requirements of this position and as a representative of Northern New Jersey Council, BSA. I agree to follow the requirements of the merit badge, making no deletions or additions, ensuring that the advancement standards are fair and uniform for all scouts. I agree to have a Scout and his buddy present at all instructional sessions. I agree to renew my registration annually if I plan to continue as a merit badge counselor. I will teach and counsel scouts as outlined in Merit Badge Counseling (BSA Publication No.34529) and will use the most current merit badge requirements available. I agree to complete Youth Protection Training and follow the youth protection requirements of the BSA.*

*I acknowledge that the information I provide will be posted in a Merit Badge Counselors publication and will also be posted on the Council web site. I hereby give my consent and approval and hold harmless the Northern New Jersey Council, Boy Scouts of America and the National Council, Boy Scouts of America and the officers, employees, and volunteers thereof.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail Completed form to: NNJC – Merit Badge Application • 25 Ramapo Valley Road • Oakland, NJ 07436*

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**For Advancement Committee & Office Use Only:**

Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Entered ScoutNet: Initial: \_\_\_\_\_ Date: \_\_\_\_\_      Entered Website: Initial: \_\_\_\_\_ Date: \_\_\_\_\_

# NORTHERN NEW JERSEY COUNCIL MERIT BADGE COUNSELOR APPLICATION

The information obtained in this form  
is for the internal use of the BSA only.

**UNIT SCOUTERS**

Check one

Pack No. \_\_\_\_\_

Troop No. \_\_\_\_\_

Team No. \_\_\_\_\_

Crew No. \_\_\_\_\_

Ship No. \_\_\_\_\_

OR

**COUNCIL/DISTRICT/DIVISION SCOUTERS**

Council/District/Division position

**Merit Badge Counselor**

District name

\_\_\_\_\_

EXPIRE DATE    TERM  MONTHS

New leader  Former leader

**There is no fee required to be registered as a Merit Badge Counselor**

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

First name			Middle name			Last name			Suffix						
<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>						
Social Security Number (required)				Country											
<input type="text"/>				<input type="text"/>											
Mailing address						City						State		Zip code	
<input type="text"/>						<input type="text"/>						<input type="text"/>		<input type="text"/>	
Home phone				Business phone								Date mm/dd/yyyy			
<input type="text"/>				<input type="text"/>								<input type="text"/>			
Date of birth				Ethnic background				Driver's license no.				State		Expiration	
<input type="text"/>				<input type="checkbox"/> AA—African American <input type="checkbox"/> AI—American Indian <input type="checkbox"/> AS—Asian <input type="checkbox"/> CA—Caucasian <input type="checkbox"/> HI—Hispanic/Latino <input type="checkbox"/> OT—Other				<input type="text"/>				<input type="text"/>		<input type="text"/>	
Sex		Occupation				Employer				Are you an Eagle Scout?		Yes No		Date earned mm/dd/yyyy	
<input type="text"/>		<input type="text"/>				<input type="text"/>				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="text"/>	
Business address						City						State		Zip code	
<input type="text"/>						<input type="text"/>						<input type="text"/>		<input type="text"/>	
Program				Position code		Position (Description)				Boys' Life		E-mail address			
<input type="text"/>				<input type="text"/>		<input type="text"/>				<input type="checkbox"/>		<input type="text"/>			
										<input type="checkbox"/>		<input type="text"/>			
										<input type="checkbox"/>		<input type="text"/>			

1. Scouting background.

Position	Council	Year
_____	_____	_____
_____	_____	_____

2. Experience working with youth in other organizations.

\_\_\_\_\_

\_\_\_\_\_

3. Previous residences (for last five years).

City	State	
_____	_____	_____
_____	_____	_____

4. Current memberships (religious, community, business, labor, or professional organizations).

\_\_\_\_\_

\_\_\_\_\_

5. References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name _____	
Telephone ( ) _____	
Name _____	
Telephone ( ) _____	
Name _____	
Telephone ( ) _____	

6. Additional information. (circle each answer)

a. Do you use illegal drugs?	Yes	No
b. Have you ever been convicted of a criminal offense? (If yes, explain below.)	Yes	No
c. Have you ever been charged with child neglect or abuse?	Yes	No
d. Has your driver's license ever been suspended or revoked? (If yes, explain below.)	Yes	No
e. 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.)	Yes	No

\_\_\_\_\_

\_\_\_\_\_

I understand that:

a. The information that I have provided may be verified, if necessary, 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. In signing this application, I have read the attached information and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. I affirm that the information I have given on this form is true and correct.

X

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION SCOUTERS**

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America:

Signature of Scout executive or designee \_\_\_\_\_

Date \_\_\_\_\_