Disclosure/Authorization Form

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our care, the Boy Scouts of America will procure consumer reports on you in connection with your application to serve as a volunteer, and the Boy Scouts of America may procure additional consumer reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The Boy Scouts of America has contracted with ChoicePoint, a consumer reporting agency, to provide the consumer reports. ChoicePoint may be contacted by mail at ChoicePoint, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by ChoicePoint from public record sources. The consumer reports will not include credit record checks or motor vehicle record checks.

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to ChoicePoint at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize the Boy Scouts of America and ChoicePoint to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a volunteer position with the Boy Scouts of America. I also understand that as long as I remain a volunteer, additional consumer reports may be procured at any time. I understand that if the Boy Scouts of America chooses not to accept my application or to revoke my membership based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, ChoicePoint.

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

copy of any report procured on you, check the box below.

California

Under California law, the consumer reports described above that the Boy Scouts of America will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by Choice-Point, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at ChoicePoint's offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. ChoicePoint will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

For Applicants in California, Minnesota, and Oklahoma Only You have the right to request a free copy of any report procured on you. If you wish to receive a free

I request a free copy of any report procured on me.
New York
As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with the Boy Scouts of Amer-
ica. You have the right, upon request, to be informed whether or not a consumer report was requested
and, if a consumer report was request, of the name and address of the consumer reporting agency that

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

furnished the consumer report.

First name (No initials or nicknames) Please print.	Middle name	Last name	Suffix
L Signature of applicant	Date		

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TRINNEFER FROM: Council: Unit (Type & number): Please print one letter in each space—press hard, you are making three copies. First rame (No initials or nicknames) Mode name Last name Suttix. 4. Current memberships (religious, community, business, labor, or professional organization, with youth References will be checked when Remaining the production training place YPT Completed: Oily State Zip code State Dirth (mm/dd/yyyy) Etinic background: Sander Social Security number (required) Couraciann/White I required) Couraciann/White I required (num/dd/yyyy) Employer Country Rusiness address Oily State Zip code Employer Employer Direct's license No. Country Rusiness address Oily State Zip code Country Rusiness address Oily Country Country Rusiness Advanced Country Rusiness Rusiness Advanced Country Rusiness Rusiness Rusiness Rusines	EXPIRE DATE 12 / 31 /	:HM MUNTHS New leader Former leader		organizations.
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As a provised from the provise	TRANSFER FROM: Council:	Unit (Type & number):		City State
According position (description) According position (description) According to 8 Day (description) According to 8	Please print one letter in each space—press hard; you are making three o	opies.		
stave you completed wouth Protection training	First name (No initials or nicknames)	Aiddle name Last name	Suffix	4. Current memberships (religious, community,
Country Mailing address City State Zip code State Zip code State Zip code State Zip code Incossary: Name Telephone Business phone Ext. Cell phone Telephone State Driver's license No. State Caucasian/White Hispanic/Latino Perdic Islander Occupation Employer Social Security number (required) Coucasian/White Hispanic/Latino Perdic Islander Occupation Are you an Eagle Scout? Date earned (mm/dd/yyyy) Business address City State Zip code City State Zip code Are you are Employer Country Business address City State Zip code Are you are Employer Country Business address City State Zip code Child required) Course Incompany Country Business address Work State Zip code City State Zip code				business, labor, or professional organizations).
County Malling address City State Zip code with your character ast relates to working with youth. References will be checked when necessary. Name Telephone Business phone Ext. Cell phone Ethic background: African American Mative American Alaska Native Hispanic/Latino Pacific Islander Occupation Employer City State Zip code Mame Telephone Name Telephone	Have you completed Youth Protection training Fas	t Start training Date YPT Completed:		5 References Please list those who are familiar
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Sender Social Security number (required) Occupation Employer M F		H H I		6. Additional information. Yes or N
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Are you an Eagle Scout? Date earned (mm/dd/yyyy) Yes				child neglect or abuse?
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E-mail address (Select one) Work Home Boys' Life subscription Implication 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. The reby 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 or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) APPROVALS FOR UNIT 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: The information that I have provided may be verified, if necessary, by contacting persons we reviewed according to BSA procedures and this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America: The information that I have provided may be verified, if necessary, by contacting persons and this application. This application has been reviewed according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America: The information that I have provided may be verified, if necessary, by contacting persons and care of young people? (If yes, explain below.)		Yes	No	e. Other than the above, is there any
APPROVALS FOR UNIT SCOUTERS a. The information that I have provided may be verified, if necessary, by contacting persons 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			Boys' Life	or your background that would call
APPROVALS FOR UNIT SCOUTERS a. The information that I have provided may be verified, if necessary, by contacting persons 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	Select one) Home			with the supervision, guidance,
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: 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	l understand that: a. The information that I have provided may be verified, if necessary, by contactir		stated in this application. This application has been reviewed	
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	or organizations named in this application, or by contacting any person or organi	ization according to BSA procedures and this applicant meets th		
	hereby release and agree to hold harmless from liability any person or organiza	ation		
b. In signing this application. I have read the attached information and apply for	council, Boy Scouts of America, and the officers, employees, and volunteers ther	reof. Signature of unit committee chairman	APPROVAL FUN U	
registration with the Boy Scouts of America. Lagree to comply with the Charter and We are unaware of anything contrary to the information stated in this application. This application has been reviewed	registration with the Boy Scouts of America. I agree to comply with the Charter	r and	stated in this app	lication. This application has been reviewed
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 Signature of chartered organization head or representative Date according to BSA procedures and this applicant meets the leadership qualifications of the Boy Scouts of America:	affirm that the information I have given on this form is true and correct. I will for	follow the		
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