

This virtual Merit Badge Counselor Training class is required for all Pacific Skyline Council Merit Badge Counselors (MBC). It only needs to be taken once. You must register for the session you want to attend by clicking the green Register button for the session and filling out the form. There is no fee to participate in the class. Registration closes two days before the session date. The online MBC training at my.scouting.org is not required.

This training takes approximately 30 minutes. Everyone in the Zoom meeting must have their camera on. If you are more than 5 minutes late, you will not be able to join this training.

<https://us02web.zoom.us/j/84787462590?pwd=TXF1LytYL3NVQU9pb1UxaEFqdzZlZz09>

Meeting ID: 847 8746 2590, Passcode: 541762

You must email the following to Pam Fosnes no later than noon the day BEFORE the training. Your forms need to be checked before you can attend this training. pamfosnes@aol.com

- Merit Badge Counselor Information Form*
- BSA Adult Application*
- Additional Disclosures and Background Check Authorization*
- Youth Protection Training Certificate (not a screenshot)
- PacSky AB506 Completion Certificate issued by the council
- For Citizenship in Society only: Diversity, Equity, and Inclusion Training Certificate (not a screenshot; training available at my.scouting.org)

These 3 forms below are required, even if you have already filled them out before. New BSA positions require new forms. BSA recently updated their forms, so it's important that you only use the forms provided. These forms need to be completely filled out and will be checked. Late forms will not be accepted for this training.

There is a \$25.00 annual membership fee for Merit Badge Counselors. This fee is waived for adult volunteers registered in another position. If you are not currently registered in another position, you will not be registered as MBC until your check for \$25.00 payable to Pacific Skyline Council is received at the Foster City Service Center located at 1150 Chess Drive, Foster City CA 94404.

Youth Protection Training (YPT) is available at my.scouting.org. It expires every 2 years. If your YPT has expired, you should not be working with Scouts.

Not sure if you have a my.scouting.org account? Contact the Council Registrar at adela.wright@scouting.org for your username and/or to reset your password, instead of creating a new account to complete YPT. If you have ever filled out a BSA application for yourself or your kids, you probably have a BSA ID number. This BSA ID number needs to be linked to your my.scouting.org account.

You will not be registered as a Merit Badge Counselor if you have not completed the three AB506 requirements. If you have not received your PacSky AB506 Completion Certificate from the council office, you cannot take MBC training until you do.

California Law Protecting Youth - AB 506 - Information, including training and forms, can be found at <https://californiascouting.org/pacific-skyline/>.

This training is for all BSA volunteers. Questions about AB506? Please contact adela.wright@scouting.org.

Step 1: Complete the 2 Hour Mandated Reporter Training (this is different from YPT)

Step 2: When training is completed, upload your certificate and your Background Check Consent Form to the [California Scouting](https://californiascouting.org) website. You will need to know your BSA ID number and your certificate number.

Step 3: Download the Live Scan request form, bring it with you to the Live Scan.

Step 4: Visit any Live Scan location of your choice. [Find locations here](#). Your Live Scan results will be sent to PacSky. Keep your completed Live Scan request form with your ATI number written at the bottom for your records.

Once all 3 parts are recorded, you will receive a PacSky AB506 completion certificate when the next batch is sent out.



Boy Scouts of America

MERIT BADGE COUNSELOR INFORMATION



(Please type or print legibly.) **prefer typed**

Name* _____ Primary phone* _____ Home _____ Cell _____ Work _____
 Address* _____ Other phone _____ Home _____ Cell _____ Work _____
 City/state/zip* _____ Date of birth _____
 Email address* _____ BSA ID _____
 District _____ Unit: Troop Crew Ship Pack No. _____

Redwood, Stanford, or Discovery

I am not affiliated with a district. I am not affiliated with a unit or the BSA. A registration fee is included with my application

*Required field. Primary phone and email address indicate how Scouts should contact you.

To qualify as a merit badge counselor, you must

- Be at least 18 years old and of good character.
- Be registered with the Boy Scouts of America (position code 42).
- Complete Youth Protection training.
- Be recognized as having the skills and education in the merit badge subjects covered and hold any required qualifications and training as outlined in the *Guide to Safe Scouting* or the *Guide to Advancement*—or use others so qualified.
- Be able to work with Scout-age youth.

As a merit badge counselor, 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.
- Have each Scout accompanied by another person during all instructional sessions.
- Keep my Youth Protection training current.
- Renew my registration annually if I plan to continue as a merit badge counselor.

| Merit Badges <i>For more than eight merit badges, attach additional sheets.</i> | Add (A) Drop (D) | For each merit badge, list qualification(s) that support your request. <i>Qualifications could include college degrees, formal training certificates, positions held, and specific life experiences.</i> |
|--|---------------------|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

A = Adding a new merit badge that you will counsel to the roster. D = Removing your name from the roster for this merit badge.

Complete the following:

This is a new application (first time to register as a merit badge counselor).
 Attach this form to the BSA Adult Application, indicating position code 42.
 This is an update to an existing list of merit badge subjects.
 I no longer wish to serve as a merit badge counselor.

Youth Protection training date _____
(Attach copy of the current certificate.)
 Merit badge counselor training date _____

I agree to work with:

All Scouts
 All Scouts in these districts: _____
 Only with Scouts in these units (indicate whether troop, crew, or ship): _____

Counselors are encouraged to be available to work with any Scout in any unit.

I only plan to serve as a merit badge counselor for this event or outside organization: _____

Applicant Signature _____ Date _____

Council Approval:
 Name (print) _____
 Position _____ Date _____

BSA ADULT APPLICATION

* All fields must be completed in order to process your registration. *

First name (Full legal name) _____ Middle name _____ Last name _____ Suffix _____

Country _____ Home Address _____ Date of Birth (mm/dd/yyyy) _____

City _____ State _____ Zip _____ Social Security Number (required) _____

Ethnic background: Black/African Caucasian/White Native American Hispanic/Latino Alaska Native Pacific Islander Asian Other Gender: M F

Primary phone _____ Alternate phone _____ Extension _____

Scout Life subscription

- - - - - X

Please select your preference of communication: Email Phone Call SMS/Text Occupation _____

Email address _____

Are you an Eagle Scout? Yes No If so, enter date earned Eagle (mm/dd/yyyy) _____ Employer _____

/ /

All questions MUST be answered. Write NONE if not applicable.

| | | | | | | | | | | | | | | | | | |
|---|----------|---------|------|-------|-------|-------|-------|-------|-------|--|------|-------|-------|-------|-------|-------|---|
| <p>1. Scouting background.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">POSITION</td> <td style="width: 40%;">COUNCIL</td> <td style="width: 30%;">YEAR</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>2. Experience working with youth in other organizations. Please provide contact information for at least two below.</p> <p>Organization _____</p> <p>Contact name _____</p> <p>Phone _____</p> <p>Organization _____</p> <p>Contact name _____</p> <p>Phone _____</p> <p>Organization _____</p> <p>Contact name _____</p> <p>Phone _____</p> | POSITION | COUNCIL | YEAR | _____ | _____ | _____ | _____ | _____ | _____ | <p>3. Previous residences (for last 10 years).</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">CITY</td> <td style="width: 40%;">STATE</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p>4. Current memberships (religious, community, business, labor, or professional organizations).</p> <p>_____</p> <p>_____</p> <p>5. Additional information. (Mark each answer.)</p> <p>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: Yes <input type="radio"/> No <input type="radio"/></p> <p>_____</p> | CITY | STATE | _____ | _____ | _____ | _____ | <p>b. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: Yes <input type="radio"/> No <input type="radio"/></p> <p>_____</p> <p>c. Has your driver's license ever been suspended or revoked? Explain: Yes <input type="radio"/> No <input type="radio"/></p> <p>_____</p> <p>d. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: Yes <input type="radio"/> No <input type="radio"/></p> <p>_____</p> |
| POSITION | COUNCIL | YEAR | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | |
| CITY | STATE | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | |

I hereby certify that

| | | |
|---|---|---|
| <p>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.</p> <p>2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.</p> | <p>INITIALS REQUIRED</p> <p>_____</p> <p>_____</p> | <p>Signature of applicant _____</p> <p>Date _____</p> <p><input type="radio"/> YPT completion certificate attached and Background Check Authorization form attached</p> |
|---|---|---|

This area is not needed for MBCs TO BE COMPLETED BY UNIT A MBC is a district/council position

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.

All applications should be submitted to the local council within 5 business days.

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.

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 Chartered Organization Head or representative or council representative _____ Date _____ Signature of Scout Executive or designee _____ Date _____

Unit type: Pack Troop Crew Ship

New leader Former leader Position change Participant

If applicant has a current registration in another unit or local council, the registration may be completed at no charge by transferring the registration or multiple registering.

Unit No. or District name _____ Unit No. or District name _____

Scouting Position Code _____ Scouting Position Title _____ Transferring from Unit/Council: _____

| | | | | | | | | |
|---|-------------|----------------|----|------------------|-------------|----------------|--|---|
| <table border="1" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">\$</td> <td style="width: 33%; text-align: center;">\$</td> <td style="width: 33%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">Registration fee</td> <td style="text-align: center;">Council fee</td> <td style="text-align: center;">Scout Life fee</td> </tr> </table> | \$ | \$ | \$ | Registration fee | Council fee | Scout Life fee | <p>PAID: <input type="radio"/> Cash</p> <p><input type="radio"/> Check No. _____</p> <p><input type="radio"/> Credit card</p> | <p><input type="radio"/> Transfer application <input type="radio"/> Multiple application <input type="radio"/> Pack <input type="radio"/> Troop <input type="radio"/> Crew <input type="radio"/> Ship</p> <p>Enter membership number from unexpired registration: _____</p> |
| \$ | \$ | \$ | | | | | | |
| Registration fee | Council fee | Scout Life fee | | | | | | |

ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION

Additional Disclosures

The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.

Minnesota: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

New York: Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the “Company”) may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with the Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Boy Scouts of America, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079. You may also contact the Company by email at MembershipStandards@scouting.org

AUTHORIZATION

(Please print)

Name: First _____ Middle _____ Last _____ Suffix _____

List any other names used (nickname, maiden/married last names): _____

Date of Birth: _____ Unit Type and Number: _____

To the extent permitted by applicable law, I hereby consent to and authorize the Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the “Company”) to procure consumer report(s) (as defined by federal law) and/or investigative consumer report(s) (as defined by applicable California state law), which in my case means criminal background check(s)/driving record(s), on my background from a consumer reporting agency (“CRA”) or from an investigative consumer reporting agency (“ICRA”), as described in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)** (each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. This authorization applies only to criminal checks/driving records and does not allow the Company to obtain credit checks. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & 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 the Company can procure additional consumer report(s), which in my case means criminal background check(s)/driving record(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 the Company’s local councils and/or chartered organizations 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: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that the Company may procure, please check this box.

Signature _____ Date _____