

_____	Paid
_____	Date

2012 Adult Re-charter Form Troop - 157

First Name: _____ **MI:** _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____ **Date of Birth:** _____

E-Mail: _____ **Fax:** _____

Present Employment: _____ **Occupation:** _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Years at this Employment: _____ **Cell Phone:** _____

Drivers License Number: _____ **State:** _____

Vehicles:
Year: _____ **Make:** _____ **Model:** _____ **Belts:** _____ **License Plate:** _____ **State:** _____ **Hitch:** _____

Insurance: (in thousands)
Per Person: _____ **Per Accident:** _____ **Property:** _____



Boy Scouts of America MERIT BADGE COUNSELOR INFORMATION

(Please type or print.)

Name _____ Age _____ Business phone (____) _____

Address _____ Home phone (____) _____

City _____ State _____ Zip code _____

To qualify as a merit badge counselor, you must

- Be at least 18 years old.
- Be proficient in the merit badge subject by vocation, avocation, or special training.
- Be able to work with Scout-age boys.
- Be registered with the Boy Scouts of America.

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 a Scout and his buddy present at all instructional sessions.
- Renew my registration annually if I plan to continue as a merit

	Vocation	Avocation	Special training
	Is this subject in line with your job, business, or profession? If yes, give brief information on the reverse side.	Do you follow this subject as a hobby, having more than a "working knowledge" of the requirements? If yes, give brief information on the reverse side.	If not, do you have any special training or other qualifications for this subject? If yes, give brief information on the reverse side.
List merit badge subjects here.			
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
7 _____			

CHECK ONE:

I wish to work only with _____.

I wish to work with all units.

Signature _____ Date _____

Note: The BSA Adult Registration Application must be attached.

Council approval by _____ Date _____