

This form needs to be turned in with an Adult Application.

TALL PINE COUNCIL **MERIT BADGE COUNSELOR INFORMATION** BOY SCOUTS OF AMERICA

DISTRICT _____ **Effective date March 1, 2010 to February 28, 2011**
 (Please type or print.) E-mail _____

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 responsible for keeping an up to date merit badge pamphlet(s) you're approved to counsel.
- 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 badge counselor.

All Water Associated Merit Badge Counselors must be CPR Trained

First Aid, Swimming, and Lifesaving Merit Badges Require Certificates of Training. Aviation must attach pilot certification **(Must attach copy of certification with this application)**

List merit badge subjects here	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.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Signature _____ Date _____

SEND TO COUNCIL OFFICE

DO NOT SEND TO DISTRICT MERIT BADGE COORDINATOR

Committee Use:			
Merit Badge Book Read _____	Required Certificates Attached _____		
District Trained _____	District Approved _____	Date Approved _____	
BSA Registered _____	Post Card Mailed _____	Posted to List _____	
Youth Protection Trained _____			

An Adult registration form must be completed and turned in with this application.

CHECK IF EXTRA SHEET IS ATTACHED