



Samoset Council, BSA

3511 Camp Phillips Rd
Weston, WI 54476



MERIT BADGE COUNSELOR APPLICATION

NAME _____ AGE _____ BUSINESS PHONE _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

☐ NEW APPLICATION ☐ RENEW APPLICATION (EXISTING MB COUNSELOR)

CHECK THE DISTRICT YOU ARE ASSOCIATED WITH:

☐ AHDWAGAM ☐ MUSHKODANY ☐ OJIBWA ☐ RIB MOUNTAIN ☐ NORTHWOODS ☐ CRYSTAL LAKE

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.
- ✓ Be approved by Samoset Council Advancement Committee.

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.
- ✓ Complete a Youth Protection training session prior to counseling and every two years.
(<http://www.myscouting.org>)

*****PLEASE NOTE*****		<u>VOCATION</u>	<u>AVOCATION</u>	<u>SPECIAL TRAINING</u>
You are required to provide brief descriptions of vocations, Avocation, or special training on the back of this form. Without this information your application will be returned for completion.		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?
List merit badge subjects here:		If yes, give brief description on page 2.	If yes, give brief description on page 2.	If yes, give brief description on page 2.
1.		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

COUNCIL USE ONLY:

Application/Disclosure Form	Yes	No
MBC Application Completed	Yes	No
Youth Protection Completed	Yes	No
CBC Completed	Yes	No
Added To District List	Yes	No
Copy emailed to District	Yes	No
Application Returned	Yes	No

SIGNATURE: _____

DATE: _____

By signing this application you are willing to share your expertise and knowledge with other units within Samoset Council, BSA. However, Counselors have the choice concerning who they counsel.

Brief descriptions of vocations, avocations, or special training from front page.

[illegible]