



**Camp Hi-Sierra
Santa Clara County Council
Boy Scouts of America
970 W. Julian St.
San Jose, CA 95126**

Time Line For 2012

Congratulations on being selected as a 2012 Camp Hi-Sierra summer staff member. You will be working at one of the premier Boy Scout summer camps in California. Camp is located in the beautiful Sierra Nevada mountains on the North Fork of the Tuolumne River near Long Barn. Over the summer, camp hosts over 2,000 Scouts, Scouters, parents, guests, and neighbors through a variety of programs and facilities. Our staff has a solemn duty to provide those who attend our camp with the best camping experience they will ever have!

It is going to be a great summer. The following are included with this letter and are time sensitive.

- 2012 Camp Staff Agreement (due within 3 weeks of signature date on agreement)
- 2012 Summer Camp Staff Statement of Understanding and Code of Conduct (due back within 3 weeks with Camp Staff Agreement)
- 2012 Staff Manual Agreement and Permissions Form (due back within 3 weeks with Camp Staff Agreement). Manual is posted on the website (<http://camphi-sierra.org/staff.html>).
- T-Shirt Size and Jacket Size Sheet (due back within 3 weeks with Camp Staff Agreement)
- Form W-4 (2012) (due back by June 1, 2012)
- Form I-9, Employment Eligibility Verification (due back by June 1, 2012)
- Adult Application Form for everyone over 18 years old (due back with Camp Staff Agreement)
- Staff week start 6/16/12 (Saturday)
- Camp Ends 8/6/12 (Sunday)

I am looking forward to working with you this summer in camp. Please let me know if you have any questions 408-280-5088 ext. 40 or Michael@scccbsa.org.

Yours in Scouting,

Michael Wilson

Michael Wilson
2012 Camp Director



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Staff T-shirt, Nametag and Jacket Order Form

Please fill out this form so that we know what sizes you would prefer for your CHS 2012 Staff-ware. All items are provided free of charge. In the event of loss of any of these items and your wish for replacement, a nominal fee will be assessed to cover replacement if the item is available. Consider all sizes to be male. Please return this sheet with your contract.

Name _____

Name for Name Tag _____

1. Staff T-shirt

Circle Size: S M L XL XXL XXXL

2. Staff Jacket

Circle Size: S M L XL XXL XXXL



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2012 Summer Camp Staff Statement of Understanding and Code of Conduct

Staff Member Name (please print): _____

Statement of Understanding: All staff members, both youth and adult, (paid and volunteer) are selected based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities. By signing the 2012 Camp Staff Agreement, all adult staff members as well as youth staff members and their parents or guardians agree to the conditions of the Statement of Understanding and Code of Conduct as a condition of participation, with the further understanding that misconduct or infraction of rules and regulations may result in termination and expulsion from camp. Each staff member is responsible for his or her own behavior. All staff members are expected to abide by the Code of Conduct as follows:

1. I will be guided by the Scout Oath and Scout Law and will obey all U.S. federal laws, as well as local and state laws.
2. I will set a good example by keeping myself neatly dressed and presentable. My appearance at my interview, at the start of the summer, and throughout will be very similar.
3. I will attend all scheduled programs and participate as required in cooperation with other staff members and leaders.
4. I agree to follow the camp check-in and check-out procedures and to observe camp quiet hours.
5. I will be responsible for keeping my quarters and personal gear labeled, clean, and neat. I will adhere to all camp recycling policies and regulations. I will do my share to prevent littering of the campgrounds and agree to follow the principles of Leave No Trace. I will follow camp guidelines for electronic equipment and food in my quarters.
6. I understand that the possession or consumption of alcoholic beverages or illegal drugs or misuse of prescribed drugs is prohibited at camp. I understand that the purchase, possession, or consumption of alcoholic beverages off council property must comply with state and federal law and must not affect my job performance. I agree to be sober while on camp property, both on-duty and off-duty, and understand that being intoxicated or under the influence of alcohol or illegal drugs while at camp will be grounds for immediate disciplinary action up to and including termination.
7. Use of tobacco, cheating, stealing, dishonesty, profanity, or fighting will be grounds for immediate disciplinary action up to and including termination.
8. I understand that gambling of any form is prohibited.
9. I understand that possession of lasers of any type and possession or detonation of fireworks or ammunition is prohibited.
10. Neither the camp nor the BSA local council will be responsible for loss, breakage, or theft of my personal items. I will label all my personal items and check items of value at the direction of staff leaders. Theft on my part will be grounds for termination and expulsion from camp.
11. I will use camp equipment in a safe manner and for its intended purpose and will return the equipment in good condition. I will follow BSA rules and safety guidelines as I participate or lead program activities, including climbing, swimming, boating, biking, hiking, and camping.
12. I understand that staff members are prohibited from having firearms and weapons in their possession or on camp property, in accordance with U.S., local, and state laws. If I fish, I will have a fishing license.

13. I agree to follow all traffic and driving rules, park in designated spots, and transport other persons in accordance with all laws and BSA policies. I will not use another person's vehicle without their permission.
14. I understand the importance of following BSA's Youth Protection and safety policies and will follow those guidelines and report all violations that come to my attention.
15. Hazing has no place in Scout camp, nor does running the gauntlet, belt lines, or similar physical punishment. As a staff member I agree to prevent and stop all hazing activities.
16. I will respect diversity—whether the differences be in physical characteristics or in perspectives.
17. I have the responsibility not to engage in behavior that constitutes discrimination or harassment in any way, including race, color, national origin, sex, religion, age, disability, or citizenship of an individual. This applies to everyone, including fellow staff members, campers, adult leaders, parents, and outside vendors.
18. Pornographic material is prohibited in camp. This includes the distribution of any printed material that slanders another person, production and distribution of any printed material that is un-Scout-like. I have the responsibility to report any infraction to the camp director or the Scout executive.
19. I have the responsibility to report instances of discrimination or harassment (directed at me or at others) to the camp director or the Scout executive.
20. I expect to make great friendships with other staff members this summer. I will fraternize with persons of the opposite sex while on duty in ways that are consistent with the values of the Scouting program and does not interfere with camp program or services. If another person indicates that a relationship or friendship is unwanted or undesired, I will respect their wishes and not harass, email, phone, or bother the other person after I have been told to stop.
21. I will protect and honor the privacy of all Scout campers. As a Scout, I will be friendly and courteous. I realize that younger Scouts look up to staff members as role models. I will be careful to form appropriate friendships with Scouts that honor their privacy, their parent's wishes, and lift up the values of Scouting in my daily life. I understand that friendships have appropriate boundaries and relationships between staff and campers are discouraged.
22. I know that this Code of Conduct has been established to provide a safe working place for me and my fellow staff members. I recognize that this Code applies specifically to me during my time on camp staff. I intend to have my conduct while on-duty, off-duty and after camp season reflect favorably upon the camp and the Boy Scouts of America.
23. I will also abide by this Code at any other time that may be construed as a Boy Scout function or related event.
24. I will comply with this **Code of Conduct**, the **2012 Camp Staff Agreement**, the **Camp Staff Job Descriptions**, and the policies printed in the **2012 Camp Staff Manual**. Any violation may result in expulsion from the camp at my own expense. I understand that all such decisions will be final.

Staff Signature: _____ Date: _____

Parent Signature (if staff is a minor) _____ Date: _____

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2012
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

DISCLOSURE/AUTHORIZATION FORM

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our program, 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 LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, 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 LexisNexis 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 LexisNexis 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 LexisNexis 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, LexisNexis.

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

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

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 America. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

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

First name (No initials or nicknames) Please print.

Middle name

Last name

Suffix

Signature of applicant

Date

Unit No.

ADULT APPLICATION

524-501

This form is read by machine. Please print the numbers and letters as shown:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I

UNIT SCOUTERS (Fill in the circle.)

The information obtained in this form is for the internal use of the BSA only.

Pack Troop Team Crew Ship Unit No. 055 OR

Council/district position

District name

All questions must be answered.

- Scouting background. Position Council Year
- Experience working with youth in other organizations. Please provide contact information.
- Previous residences (for last five years). City State
- Current memberships (religious, community, business, labor, or professional organizations).
- References. Please list those who are familiar with your character as it relates to working with youth. References may be checked.

Name _____
 Telephone (____) _____
 Name _____
 Telephone (____) _____
 Name _____
 Telephone (____) _____

- Additional information. (Mark each answer.) Yes or No
 - Do you use illegal drugs? Yes No
 - Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes No
 - Have you ever been charged with, or investigated or arrested for, child neglect or abuse? Yes No
 - Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes No
 - Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If answer is yes, explain below.) Yes No

EXPIRE DATE / /

TERM MONTHS New leader Former leader

If applicant has an unexpired membership certificate; registration may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

TRANSFER FROM: COUNCIL NO. TYPE OF UNIT UNIT NO.

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames) Middle name Last name Suffix

Have you completed: Youth Protection training Fast Start training

Country Mailing address City State Zip code

Home phone - - Business phone - - Ext. X Cell phone - -

Date of birth (mm/dd/yyyy) / / Ethnic background: Black/African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other Driver's license No. State

Gender M F Social Security No. (required) - - Occupation Employer

Country Business address City State Zip code

Position Code Scouting position (description) Are you an Eagle Scout? Yes No Date earned (mm/dd/yyyy) / /

E-mail address (Select one) Work Home @ Boys' Life subscription

I understand that:
 a. The information that I have provided may be verified, 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. 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 council, Boy Scouts of America, and the officers, employees, and volunteers thereof.
 b. In signing this application, I have read the attached information and apply for registration with the Boy Scouts of America. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the Boy Scouts of America and the local council. I affirm that the information I have given on this form is true and correct. I am aware of and agree to follow the BSA's Youth Protection policies and will complete Youth Protection training within 30 days of registering.

Signature of applicant

4001 Registration fee \$.

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 BSA.

Signature of unit committee chairman Date

Signature of chartered organization head or representative Date

(ACCEPTED) Signature of Scout executive or designee Date

Boys' Life fee \$.

APPROVAL FOR COUNCIL AND DISTRICT 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 BSA:

Signature of Scout executive or designee Date

Retention on file for three years.

LOCAL COUNCIL COPY