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 badge counselor.

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 _____________________

#34405

Please submit completed form and BSA Adult Registration Application to:
Dan Beard Council
10078 Reading Rd.
Cincinnati, OH 45241