



MERIT BADGE COUNSELOR APPLICATION

Name: _____ Date of Birth: _____ Weekday Phone: _____

Street Address: _____ Evening/Weekend Phone: _____

(Physical Address not P.O. Box)

City, State Zipcode: _____ Email: _____

Check any that apply:

New Merit Badge Counselor or Additional Merit Badges for currently registered Merit Badge Counselor

Date Completed Youth Protection Training: _____ (Required for all)

Currently Registered Position in Scouting: _____ Unit/Town _____

District: _____ BSA ID#: _____

New Registration Unit Affiliation (if Any): _____

Merit Badge Subject

Qualifications (Describe your education, training, certification and/or experience)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

I wish to work with all units or I wish to work with only: _____ (enter unit number and town)

I have reviewed the Merit Badge Counselor orientation at www.wpcbsa.org/advancement and understand my responsibilities and the importance of my role as a Merit Badge Counselor

Applicant's Signature _____ Date: _____

OFFICE USE ONLY

Date Received _____

Approved by _____

Current ID# _____

Approval Date _____

Youth Protection Date _____

Entered Initial & Date: _____

Date Moved for Approval: _____

Counselor Notified Date: _____