



## MERIT BADGE COUNSELOR APPLICATION

**YEAR** \_\_\_\_\_ **Renew** \_\_\_ **Revise** \_\_\_ \*As a **New Counselor** \_\_\_ I have attached a BSA Adult Application as required

**Name** \_\_\_\_\_ **Unit#** \_\_\_\_\_ **District** \_\_\_\_\_  
(Please type or print)

**Address** \_\_\_\_\_ **Hm Phone** ( ) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **\*Date of Birth** \_\_\_\_\_

\*Required by National Registration

**To qualify as a merit badge counselor you must:**

- Be at least 18 years old.
- Be proficient in the merit badge subject by vocation or avocation.
- Be able to work with Scout-age boys.
- Be registered with the Boy Scouts of America.
- Attend Merit Badge Counselor Orientation.
- Attend Youth Protection Training.

**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 two or more Scouts present at all instructional sessions.
- **Renew my registration annually if I plan to continue as a merit badge counselor.**

LIST MERIT BADGE SUBJECTS HERE <small>Select from list on back page</small>	MERIT BADGE CODE #	LIST QUALIFICATIONS FOR EACH MERIT BADGE
1.		
2.		
3.		
4.		
5.		
6.		

I am currently registered with the BSA as (position) \_\_\_\_\_

I attended **MERIT BADGE COUNSELOR ORIENTATION** on: Date \_\_\_\_\_

I received **YOUTH PROTECTION TRAINING** on: Date \_\_\_\_\_

**Please indicate by checking the box(es) which apply, sign and return to the address below:**

- Troop Only (**Your name will not appear in the directory**)
- I **do not** wish to be included in the **Council Website**.
- I **give** my permission to print my name, address, and phone number in the **Merit Badge Directory** and on the **Council website** interactive directory of Merit Badge Counselors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

<b><u>DISTRICT ACTION</u></b>
<b>APPROVED AND VERIFIED BY: (INITIAL AND DATE)</b>
DISTRICT DIRECTOR/EXEC. _____
DISTRICT ADVANCEMENT CHAIRMAN _____
SCOUTNET <input type="checkbox"/> ACCESS <input type="checkbox"/>

**Return completed and district approved application to:**

Heart of America Council, BSA  
 10210 Holmes Road  
 Kansas City, MO 64131