



## HSI EXPLORER POST 601 WELCOME LETTER (ADULT)



Dear Parent/Guardian,

Thank you for allowing your child to participate in the Homeland Security Investigations (HSI) Law Enforcement Explorer Program. If it were not for the parents' support and the Explorers' dedication, this Program would not be able to continue for years to come.

To successfully continue the Program, it is essential to maintain communication between all parties, including parents, Explorers, the Post Advisor, and HSI Volunteers. If the Post Advisor and/or HSI Volunteers feel that an Explorer is irrational and may cause harm to themselves and/or others, the Post Advisor will contact their parents. Additionally, if a parent finds that their child is not acting in a familiar manner and/or they are concerned about their child, please contact the Post Advisor.

It must be understood that all HSI Explorers and Recruits must abide by the rules and regulations of the Post as outlined in the HSI Explorer Post Manual. It is imperative that the Post members, as well as parents and/or guardians, are aware that these bylaws are taken seriously and that members are held accountable. Attached, you will find a list of the most important policies of the Post. Each Post member and their parents must review and sign the documents. By signing the documents, you and your child certify that you have read and understood the rules and that your child may receive disciplinary action, up to and including dismissal from the Post, if they violate the Post policies and regulations.

Applicants must send this packet<sup>1</sup> and other required documents (resume, transcript, class schedule, copy of state-issued ID (school ID if under 18), and copy of insurance card) by September 30, 2025 via email to [info@hsipost601.org](mailto:info@hsipost601.org). All documents must be filled out (Neatly Printed or Typed). If you fail to provide these documents, you will not be considered any further.

If selected, you must complete all remaining administrative requirements (pay a \$100 registration fee, submit remaining medical forms, etc.) NLT October 30, 2025.

If you have any questions or concerns, please contact PAC Advisor Iliana Velazquez at (646) 234-0660.

Respectfully,

**Iliana Velazquez**

Post Advisor in Charge

Email: [Iliana.R.Velazquez@hsi.dhs.gov](mailto:Iliana.R.Velazquez@hsi.dhs.gov)

Phone: (646) 234-0660

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<sup>1</sup> \$100 registration fee and Part C of the Exploring Annual Health and Medical Record & Individualized Medication Orders may be submitted separately, NLT October 30, 2025

## HSI EXPLORER POST 601 APPLICATION DETAILS

### Program Eligibility:

- Be a U.S. citizen.
- Be between the ages of 14 and 20.
- Be enrolled in an accredited high school or college.
- Have at least a 2.0 cumulative grade point average (GPA).
- Pass a background investigation.

### Program Requirements:

- Attend meetings every Friday evening from 5:00 PM to 8:00 PM at the HSI SAC New York Office, starting in October and ending in June.
- Remain at least in part-time student status as defined by their accredited academic institution.
- Maintain at least a 2.0 GPA.
- Complete all administrative requirements (e.g., pay a \$100 registration fee, submit remaining medical forms, etc.).

### How to Apply:

Submit the following via email to [info@hsipost601.org](mailto:info@hsipost601.org):

- HSI Explorer Post 601 Application Packet<sup>1</sup>
  - Youth Application (if under 18)
  - Adult Application (if 18 or over)
- Resume
- Transcript
- Class Schedule
- Copy of State Issued ID (School ID is acceptable if under 18)
- Copy of Insurance Card

### Application Process:

1. **Apply:** Submit all required documents. Only the first 50 applications will be considered.
2. **Interviews:** Virtual interview with Explorer leadership and a second interview conducted by a panel.
3. **Conditional Offer:** If selected, you will receive a conditional offer. A final offer is contingent upon your favorable adjudication of a background investigation and meet & greet.
4. **Background Investigation:** This step includes criminal history checks, reference checks, and verification of suitability questionnaire answers.
5. **Meet & Greet:** An information session will be hosted for select applicants to learn about the organization and what to expect as an Explorer.
6. **Final Offer:** If favorably adjudicated, you will receive a final offer with details about your start date and you must complete all remaining administrative requirements (e.g., pay a \$100 registration fee, submit remaining medical forms, etc.).

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<sup>1</sup> \$100 registration and Part C of the Exploring Annual Health and Medical Record & Individualized Medication Orders may be submitted separately, NLT October 30, 2025.

# HSI EXPLORER POST 601 EXPLORER APPLICATION (ADULT)

APPLICATION INFORMATION					
<b>ANNOUNCEMENT NUMBER</b> HSI-EP-601-FY2026				<b>OPEN PERIOD</b> 07/01/2025 to 09/30/2025	
<b>ORGANIZATION</b> Homeland Security Investigations Explorer Post 601				<b>POSITION TITLE</b> Explorer (External)	
BIOGRAPHIC INFORMATION					
NAME (LAST, FIRST, MI)			SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER
DATE OF BIRTH (mm/dd/yyyy)	AGE	PLACE OF BIRTH (CITY, STATE)		COUNTRIES OF CITIZENSHIP	
SEX	HEIGHT (INCHES)	WEIGHT (lbs)		HAIR COLOR	EYE COLOR
HOME ADDRESS (STREET, APT, CITY, STATE, ZIP CODE)			EMAIL		PHONE #
NAME OF SCHOOL		CURRENT GRADE	SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		SCHOOL PHONE #
PARENT/GUARDIAN INFORMATION					
NAME (LAST, FIRST, MI)					
RELATIONSHIP		EMAIL		PHONE #	
EMERGENCY CONTACT INFORMATION					
<b>CONTACT #1</b> NAME (LAST, FIRST, MI)					
RELATIONSHIP		EMAIL		PHONE #	
<b>CONTACT #2</b> NAME (LAST, FIRST, MI)					
RELATIONSHIP		EMAIL		PHONE #	
ELIGIBILITIES					
Are you a U.S. citizen?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you between the ages of 14 and 20?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently enrolled (or accepted for enrollment) with at least a cumulative 2.0 GPA in an accredited educational institution? You must remain enrolled and must provide proof of current student status.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to undergo and successfully complete a background check?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to attend weekly meetings every Friday evening from 5:00 PM to 8:00 PM?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to complete all administrative requirements (e.g., submit all forms, pay a \$100 registration fee, etc.)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
CERTIFICATION					
By signing below, I acknowledge that I am solely responsible for the answers and documentation submitted in my application. I understand that my answers cannot be altered once I have submitted my application and the announcement has closed. I certify that, to the best of my knowledge and belief, all of the information contained in my application for the Program is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of my application may be grounds for not selecting me, or for expulsion after I begin the Program. I authorize an HSI background check on myself and/or the Applicant and certify that I accept responsibility for the responses and documentation submitted in my application and that the information I have provided is true to the best of my knowledge. I understand that any portion of this application is subject verification by the Post and/or the U.S. Immigration and Customs Enforcement, Office of Professional Responsibility (ICE/OPR). If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.					
APPLICANT'S NAME		APPLICANT'S SIGNATURE			DATE (mm/dd/yyyy)
PARENT/GUARDIAN'S NAME		PARENT/GUARDIAN'S SIGNATURE			DATE (mm/dd/yyyy)

# HSI EXPLORER POST 601 SUITABILITY QUESTIONNAIRE

POLICE RECORD		
Have you EVER been issued a summons, citation, ticket, or court order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you EVER been detained or arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ILLEGAL USE OF DRUGS OR DRUG ACTIVITY		
Have you EVER illegally used any drugs or controlled substances, such as marijuana or cannabis products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you EVER been involved in the illegal purchase, receiving, handling, or sale of any drug or controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ILLEGAL OR UNAUTHORIZED ACCESS OF SYSTEMS AND FACILITIES		
Have you EVER illegally or without proper authorization accessed or attempted to access any electronic or physical information technology systems or restricted buildings, facilities, and grounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT / EXPLORER ACTIVITIES		
List your most recent employment activities, if any.		
DATES OF EMPLOYMENT (mm/yyyy to mm/yyyy)	POSITION TITLE	EMPLOYMENT SCHEDULE (HOURS/DAYS)
EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE #
SUPERVISOR NAME (LAST, FIRST, MI)	SUPERVISOR EMAIL	SUPERVISOR PHONE #
Have any of the following EVER happened to you? <ul style="list-style-type: none"> <li>Fired from a job?</li> <li>Quit a job after being told you would be fired?</li> <li>Have you left a job by mutual agreement following charges or allegations of misconduct?</li> <li>Left a job by mutual agreement following notice of unsatisfactory performance?</li> <li>Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace and/or Explorer programs, such as violation of a security policy?</li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No
REFERENCES		
Provide three adults who know you well. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association. Do not list your relatives.		
REFERENCE #1 NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #
REFERENCE #2 NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #
REFERENCE #3 NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #
REMARKS		
All <b>YES</b> answers on the Suitability Questionnaire <b>MUST</b> have a written explanation with the date of occurrence(s) on a separate page.		
CERTIFICATION		
By signing below, I certify that my statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my application, membership prospects, or membership status, up to and including removal and debarment from the Program. I understand that any portion of this questionnaire is subject to verification by the Post and/or the U.S. Immigration and Customs Enforcement, Office of Professional Responsibility (ICE/OPR). If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.		
APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy)
PARENT/GUARDIAN'S NAME	PARENT/GUARDIAN'S SIGNATURE	DATE (mm/dd/yyyy)

**HSI EXPLORER POST 601  
SUITABILITY QUESTIONNAIRE**

**EXPLANATIONS/REMARKS**

All **YES** answers on the Suitability Questionnaire **MUST** have a written explanation with the date of occurrence below. We note that neither your truthful responses nor information derived from your responses will be used as evidence against you in a subsequent criminal proceeding.

## HSI EXPLORER POST 601 POLICY AGREEMENT

As a member of the Homeland Security Investigation (HSI) Law Enforcement Explorer Program, the HSI Explorer Post 601, and as the parent and/or guardian of the Post member, the following rules and regulations must be adhered to. The violation of any of the following by-laws is cause for disciplinary actions up to and possibly including dismissal from the Program and is up to the discretion of the Post Advisor in Charge.

- Post members will NOT be allowed access to the building 15 minutes after the start of the meeting (a member must contact the Post NO LATER THAN an hour before the meeting if there is an expected delay in arrival). There will be three (3) pickup times prior to the start of the meeting/events for Explorers (4:30p / 4:40p / 4:50p). Three (3) lateness will be equivalent to one absence.
- Post members are dismissed from the building and are to travel directly home immediately following dismissal from any scheduled meeting, event, or activity. Post members who do not travel directly home are responsible for contacting their parents. The Post Advisors are not liable for the Post members after they are dismissed from the meeting or event.
- Post members must contact the Post if they will or will not attend a meeting, event, or activity on the BAND application at least a day before the scheduled event. The Explorer must complete a "Leave of Absence" form when absent. A letter will be sent home after three absences to ensure that the parents/guardians are aware of the members' absences, and the Explorer will be referred to the Advisors for potential disciplinary action.
- If a Post member and/or parent wishes to request a leave of absence, a "Leave of Absence" form must be submitted to the Post Advisor a week prior to taking leave. The "Leave of Absence" form must contain the reason for the request, a specified period, and the expected return date. Any leave of absence extending 2 months requires the Post member to return their complete uniform and Identification card. Attendance of twenty-seven meetings along with forty hours of community service must be completed for credit for post participation.
- The personal conduct of each Post member is the primary factor in promoting this Program; therefore, tact, patience, and courtesy will be observed under ALL circumstances. Disrespect towards the HSI personnel, Post Advisors, and Post members WILL NOT BE TOLERATED. If HSI personnel ask them to identify themselves, Explorers must immediately do so in a respectful manner.
- Post members must maintain a professional attitude and demeanor that WILL NOT in any manner communicate any personal prejudices.
- Post members will avoid behavior that will bring criticism to the Post, including fraternization within the Post. Withholding or lying about any information that may have affected admittance to the Post, including but not limited to gang affiliation and drug use, is cause for dismissal from the Program.
- Post members, regardless of grade or rank, must pass each class every reporting period with at LEAST a 70% (C average). Copies of report cards or transcripts MUST be provided to the Post Advisor at the end of each reporting period. Explorers who do not maintain the required average must seek tutoring and face disciplinary actions.

### POLICY AGREEMENT

By signing below, I acknowledge and represent that I have read and understood the Policy Agreement. I agree and will adhere to the rules and regulations of this Post. If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.

APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE (mm/dd/yyyy)

PARENT/GUARDIAN'S NAME

PARENT/GUARDIAN'S SIGNATURE

DATE (mm/dd/yyyy)

**HSI EXPLORER POST 601**  
**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT INCLUDES A WAIVER OF LIABILITY AND A WAIVER OF CERTAIN LEGAL RIGHTS.**

1. I, \_\_\_\_\_, the Parent or Guardian of \_\_\_\_\_, do hereby grant permission for him or her to participate in the Homeland Security Investigations Explorer Program.
2. In consideration of the benefits received by the EXPLORER pursuant to their participation in the U.S. Immigration and Customs Enforcement (ICE), Homeland Security Investigations (HSI) Law Enforcement Explorer Post 601 under the Greater New York Councils Learning for Life, I hereby forever release, waive and discharge the United States of America, the Department of Homeland Security, ICE, HSI and any of their successors, officers, servants, assignees, agents, employees, and their heirs, in their individual and official capacities, (hereinafter referred to as Released Parties) from any and all liability, claims, demands, suits, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by the EXPLORER, or to any property belonging to the EXPLORER or used by the EXPLORER, whether caused by the negligence of the Released Parties or otherwise, while participating in any activity relating to the HSI Explorer Post, or while in, on or upon the premises where any such activity is being conducted, or in transportation pertaining to any such activity, including but not limited to participation in any firearms range activities and in any ride-along on and HSI enforcement operation, including rides in HSI vehicles. I also agree not to sue the Released Parties or file any claim for damages against the Released Parties for any loss, damage, or injury, including death, that may be sustained by the EXPLORER or to any property belonging to the EXPLORER or used by the EXPLORER, whether caused by the negligence of the Released Parties or otherwise, while participating in such activities in the Law Enforcement Explorer Program.
3. I certify that I have never been convicted of a felony offense under any state or Federal law. To the best of my knowledge, I can fully participate in all activities conducted as part of the HSI Explorer Post. I agree that I will attend all required safety briefings given as part of the HSI Explorer Post and that, when participating in the HSI Explorer Post activities, I will comply with all safety and other instructions given to the EXPLORER by HSI personnel. I recognize that following these instructions is necessary to protect the safety of myself, other participants, and HSI personnel. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by the EXPLORER or any loss or damage to property owned or used by the EXPLORER as the result of being engaged in such activities, whether caused by the negligence of the Released Parties or otherwise.
4. I further agree to hold harmless the Released Parties from any loss, liability, damage, or costs, including court costs and attorney's fees, that may be incurred due to my participation in any activity relating to the HSI Explorer Post, whether caused by the negligence of the Released Parties or otherwise.
5. In case of an accident or illness occurring while the EXPLORER is engaged in any Explorer activity, I hereby grant permission for the EXPLORER to receive necessary medical treatments.
6. I expressly intend that this Release and Waiver of Liability and Hold Harmless Agreement shall bind myself, the members of my family and spouse (if any), and my heirs, executors, administrators, assignees, and personal representatives.
7. I also understand that I am responsible for any damage, loss, or injury I cause to any other individual or property, facility, or vehicle, whether government employees or third parties, or government property or the property of third parties.
8. I also agree that participating in the HSI Explorer Post is a privilege, that the information that I learn about HSI's law enforcement techniques and procedures is intended only to increase my understanding of HSI's law enforcement role, and that I will not disclose information that I learn about HSI techniques and procedures to third parties who are not participants in the HSI Explorer Post. I understand that I will not have access to confidential and sensitive information regarding individuals who HSI may be investigating, but if I were to obtain such information inadvertently, I agree that I will respect its confidential and sensitive nature and not disclose or discuss this information with anyone other than HSI personnel.

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

By signing below, I acknowledge and represent that I have read and understood the foregoing Release and Waiver of Liability and Hold Harmless Agreement. If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.

APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy)
PARENT/GUARDIAN'S NAME	PARENT/GUARDIAN'S SIGNATURE	DATE (mm/dd/yyyy)
HOME ADDRESS (STREET, APT, CITY, STATE, ZIP CODE)		
WITNESS NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #
EMERGENCY CONTACT NAME (LAST, FIRST, MI)		
RELATIONSHIP	EMAIL	PHONE #



## HSI EXPLORER POST 601 IMAGE RELEASE FORM

As a member of the Homeland Security Investigations (HSI) Law Enforcement Explorer Program, the HSI Explorer Post 601, and the parent/guardian of the Post member, understand that photographs, videos, and audio recordings will be taken during participation in events, training, meetings, and activities organized or attended by HSI.

**I Grant** permission to the U.S. Department of Homeland Security, U.S. Immigration and Customs Enforcement, Homeland Security Investigations (DHS/ICE/HSI), and HSI Explorer Post 601, its representatives, employees, and volunteers, the right to take and use photographs, videos, and audio recordings of me and my property in connection with the HSI Law Enforcement Explorer Program.

**I Authorize** DHS/ICE/HSI and HSI Explorer Post 601, its assignees and transferees, to copyright, use, and publish the same in print, video, and/or electronically.

**I Agree** that DHS/ICE/HSI and HSI Explorer Post 601 may use such photographs, videos, and audio recordings of me, with or without my name, and for any lawful purpose, including publicity, illustration, training, advertising, or Web content.

### IMAGE RELEASE AGREEMENT

By signing below, I acknowledge and represent that I have read and understood the foregoing Release form. If the Applicant is under eighteen years old, I acknowledge, as the parent/guardian, that I am over eighteen and have the legal capacity to sign this agreement.

APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy)
PARENT/GUARDIAN'S NAME	PARENT/GUARDIAN'S SIGNATURE	DATE (mm/dd/yyyy)

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## CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

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### AN AGREEMENT BETWEEN

### AND THE UNITED STATES

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*(Name of Individual - Printed or typed)*

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 13526, or under any other executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in sections 1.1, 1.2, 1.3 and 1.4 of Executive Order 13526, or under any other executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.
2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information. I acknowledge that I am responsible for abiding by any and all applicable pre-publication review policies.
4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of sections 641, 793, 794, 798, \*952 and 1924, Title 18, United States Code; \*the provisions of section 783 (a), Title 50, United States Code; and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.
5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication or revelation of classified information not consistent with the terms of this Agreement.
6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.
7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of sections 793 and/or 1924, Title 18, United States Code, a United States criminal law.
8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.
9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.
10. These provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General or the Office of Special Counsel of a violation of any law, rule, regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling executive orders and statutory provisions are incorporated into this agreement and are controlling. Nothing in this agreement shall be construed to prohibit or restrict an employee or applicant for employment from making a lawful disclosure of information relating to any whistleblower protection.

*(Continue on reverse.)*

11. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order No. 13526 (75 Fed. Reg. 707), or any successor thereto section 7211 of Title 5, United States Code (governing disclosures to Congress); section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); section 2302(b) (8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that expose confidential Government agents), sections 7(c) and 8H of the Inspector General Act of 1978 (5 U.S.C. App.) (relating to disclosures to an Inspector General, the Inspector General of the Intelligence Community, and Congress); section 103H(g)(3) of the National Security Act of 1947 (50 U.S.C. 3033(g)(3)) (relating to disclosures to the Inspector General of the Intelligence Community); sections 17(d)(5) and 17(e)(3) of the Central Intelligence Agency Act of 1949 (50 U.S.C. 3517(d)(5), (e)(3)) (relating to disclosures to the Inspector General of the Central Intelligence Agency and Congress); and the statutes which protect against disclosure that may compromise national security, including sections 641, 793, 794, 798, \*952 and 1924 of Title 18, United States Code, and \*section 783(a) of Title 50, United States Code. The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.
12. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its implementing regulation (32 CFR Part 2001, section 2001.80(d)(2) ) so that I may read them at this time, if I so choose.

\* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

SIGNATURE	DATE	SOCIAL SECURITY NUMBER (See Notice below)
ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER) (Type or print)		

WITNESS		ACCEPTANCE	
<b>THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.</b> (Not applicable if candidate digitally signs above.)		<b>THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.</b> (May sign manually or digitally, as prescribed by agency.)	
SIGNATURE	DATE	SIGNATURE	DATE
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	

### SECURITY DEBRIEFING ACKNOWLEDGEMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE (May sign manually with a witness, or digitally, as prescribed by agency.)	DATE
NAME OF WITNESS (Type or print) (Not applicable if candidate digitally signs above.)	SIGNATURE OF WITNESS (Not applicable if candidate digitally signs above.)

**NOTICE:** The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Public Law 104-134 (April 26, 1996). Your SSN will be used to identify you precisely when it is necessary to certify that you have access to the information indicated above or to determine that your access to the information indicated has been terminated. Furnishing your Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent you being granted access to classified information.

# ADULT APPLICATION

**For the following positions and participants:**

- Exploring or Learning for Life committee positions
- Exploring adult leaders 21 years and older
- Explorers 18 through 20 years old (Exploring participants)

## EXPLORING™

**Mission:** To deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

### 18- THROUGH 20-YEAR-OLDS (EXPLORING PARTICIPANTS)

Beginning **\*January 6, 2020**, all applicants 18 through 20 years old must complete and submit this adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader. Exploring participants cannot be counted toward two-deep leadership requirements. Once an Explorer turns 18, they will need to complete an adult application to register as an 18- through 20-year-old Exploring participant.

## LEARNING FOR LIFE™

UPLIFTING STUDENTS · BUILDING CHARACTER · DEFINING LEADERSHIP

**Mission:** To empower students to build exceptional character and leadership skills by guiding them through an innovative, research-based curriculum that enhances the learning experience and teaches the skills necessary to succeed both academically and throughout their lives.

### CRIMINAL BACKGROUND CHECK\*

In order to complete the adult application process, you will need to review the disclosures that have been provided to you separately. The separate authorization form must be signed and returned when you submit your application.

***\*The three different background check forms must be torn off and each separately given to the applicant.***

### YOUTH PROTECTION TRAINING

All volunteers and 18- through 20-year-old Explorers are required to complete the adult application process before interacting with Explorers under the age of 18 and must complete the training every two years. Training is available online at [www.exploring.org/training-safety](http://www.exploring.org/training-safety), or contact your local Exploring office for classroom training. Include a copy of your Youth Protection training completion certificate with your application.

## Leader Requirements

Adult leaders must possess the moral, educational, and emotional qualities that Learning for Life and Exploring deem necessary for positive leadership to youth. They must also:

- Reside within the USA or a U.S. territory, or be a U.S. citizen residing outside the USA.
- Respect and obey the laws of the United States of America.
- Be 21 years of age or older for primary leadership positions.
- Complete Youth Protection training (YPT) before application is processed and renew training as required by going to [www.exploring.org/training-safety](http://www.exploring.org/training-safety) and creating an account.
- Review the disclosure information related to the background check process and complete and sign an Exploring Background Check Authorization form.
- Take leader position-specific training at [www.exploring.org/training-safety](http://www.exploring.org/training-safety). Classroom training may also be available through your local council.
- Hold only one position within the same unit. The executive officer may multiple as the committee chair or a committee member.

### Approval Required—Unit Adults

The committee chair is approved by the executive officer. All other adult leader applications must be accepted and approved by the executive officer or committee chair.

### Approval Required—Council and District Adults

**Scout executive or designee** must accept and approve all council and district adults. **Scout executive or designee** must approve any adults who answer “yes” to any additional information question.

The adult leader application process will not be complete until Youth Protection training has been completed and a criminal background check has been obtained.

**Health information.** You should inform your unit leadership of any condition that might limit your participation. Before participating in activities with your unit, please fill out the Annual Health and Medical Record found on [www.exploring.org](http://www.exploring.org) and provide it to your unit leadership.

**The annual national registration fee is nonrefundable.**

### Learning for Life and Exploring Privacy Policy

Learning for Life and Exploring protect the confidentiality of the names and personal information of those who are affiliated with the organization. No commercial or unauthorized use is made of the names, addresses, and other confidential information. Learning for Life and Exploring, and their affinity groups, may use registration information to notify registrants of benefit opportunities.

### Training for New Leaders

Learning for Life and Exploring are committed to your success as a volunteer while serving young people. To help you be successful there are training materials designed for you. Training resources are available through your local council and at [www.exploring.org/training-safety/](http://www.exploring.org/training-safety/).

### What Makes a Trained Leader?

You are considered a trained leader when you have completed leader position-specific training for your position and have current Youth Protection training. Training can be taken at [www.exploring.org/training-safety](http://www.exploring.org/training-safety).

## Youth Protection Begins With You™

Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to the organization. For that reason, Learning for Life continues to create barriers to abuse beyond what have previously existed in Learning for Life and Exploring.

Learning for Life is committed to providing a safe environment for young people. Learning for Life provides parents and adult leaders with numerous online and printed resources on youth protection. All adult leaders must complete Youth Protection training as part of the registration process and renew their training as required. It is highly recommended that parents who participate in Learning for Life and Exploring activities complete YPT. Learning for Life publications and other media also provide strategies for personal safety awareness for youth and their parents. To learn more about the organization's Youth Protection resources and to find age-appropriate programs, go to [www.exploring.org/training-safety](http://www.exploring.org/training-safety).

All persons involved in Learning for Life and Exploring programs must immediately report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused; physically or emotionally neglected; exposed to any form of violence or threat; or exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Additionally, any **known or suspected abuse or behavior that might put a youth at risk** must also be reported to the local Scout executive or the helpline (1-844-726-8871).

## Youth Protection Policies

Youth Protection policies help to protect youth as well as adult volunteers. These and other key policies are addressed in the Youth Protection training:

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one contact between youth members and adults is prohibited at any time and location, except for situations involving transportation of a child with the prior authorization of the parent/guardian. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Learning for Life and Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Separate accommodations for adults and Explorers (males and females and Explorers of disparate ages) are required.
- Youth privacy is respected.
- Leaders are responsible for enforcing Youth Protection policies and reporting any abuse or policy violations.

Position Codes	
IH	Executive Officer
PCC	Post Committee Chair
PMC	Post Committee Member
EA	Exploring Post Advisor
AA	Exploring Post Associate Advisor
<b>*EP</b>	<b>18- through 20-Year-Old Exploring Participant</b>
C12	National Exploring Committee Member
34	Council Exploring/LFL Committee Chair
34M	Council Exploring/LFL Committee Participant
63	District Exploring/LFL Committee Chair
63M	District Exploring/LFL Committee Participant
ES	Exploring Club Sponsor
AS	Exploring Club Associate Sponsor
137	Council Service Team Chair
138	Council Service Team Member
139	District Service Team Chair
140	District Service Team Member

**\* Beginning January 6, 2020, this is a mandatory position code for 18- through 20-year-olds. NOTE: The updated start date for this policy is August 1, 2020.**

***Tear off the following pages and provide to applicant separately.***

BACKGROUND CHECK  
DISCLOSURE

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency (“CRA”) to Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”).

Company may obtain a consumer report on you to be used for employment purposes (in your case, this means for the purpose of evaluating you as a new or existing volunteer).

**CALIFORNIA STATE LAW DISCLOSURES**  
**(Non-Credit)**

Under California law, an “investigative consumer report” is a consumer report in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through any means. Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) may obtain an investigative consumer report (which may include information described above) from an investigative consumer reporting agency (“ICRA”) on you in connection with your status as a volunteer (i.e., for employment purposes under California law). The nature and scope of this investigation includes your character, general reputation, personal characteristics, or mode of living information, including criminal history, presence on exclusion lists (e.g. OIG/GSA and OFAC), driving record, references, education history, work history, and licensure/certifications.

The ICRA preparing the investigative consumer report and conducting the investigation will be First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004. Information regarding First Advantage’s privacy practices can be found at <https://fadv.com/privacy-policy/>.

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows:

- (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under California Civil Code section 1786.22 shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA;
- (3) A summary of all information contained in your files and required to be provided by California Civil Code section 1786.10 shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

“Proper Identification,” as used above, means information generally deemed sufficient to identify you, which includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to California Civil Code section 1786.10 and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection under California Civil Code section 1786.22.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.



## **ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION**

### **Additional Disclosures**

*The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.*

**Minnesota:** You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

**New York:** Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company") may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Company at Learning for Life/Exploring, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving Texas 75015-2079. You may also contact the Company by email at [MembershipStandards@scouting.org](mailto:MembershipStandards@scouting.org).

### **Authorization**

(Please print)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

List any other names used (nickname, maiden/married last names): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Unit Type and Number: \_\_\_\_\_

To the extent permitted by applicable law, I hereby consent to and authorize the Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company") to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure and the California State Law Disclosures (Non-Credit)** (each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.). I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

☐ **For California, Minnesota, or Oklahoma individuals:** If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

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



Please print one letter in each space.

# LEARNING FOR LIFE AND EXPLORING ADULT APPLICATION

First name (No initials or nicknames)

Middle name

Last name

Suffix

Preferred nickname:

Country

Mailing address

City

State

Zip code

Primary phone

Alternate phone

Ext.

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

Social Security No. (required)

Occupation

Employer

Country

Business address

City

State

Zip code

Position Code

Position (description)

Email address

(Select one)

- ☐ Work ☐ Home

I hereby certify that:

1. I agree to comply with the rules and regulations of Learning for Life and Exploring, and the local council.

INITIALS  
REQUIRED

Signature of applicant

Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS  
REQUIRED

- ☐ YPT completion certificate attached ☐ Background Check Authorization form attached  
☐ Qualify for 28-573 (Criminal Background Exemption)

## To be completed by unit

Careful review of the information provided on this application is a significant step in Learning for Life's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

Signature of executive officer or designee

Date

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

Signature of Scout executive or designee

Date

Unit  
Type:

- ☐ Post ☐ Club ☐ Multiple  
(Exploring only)

- ☐ New leader  
☐ Former leader  
☐ Exploring participant  
(EP)

If applicant has an unexpired LFL/Exploring membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

☐ Transfer application Enter membership number from unexpired certificate:

Transfer from council number:

Unit type: ☐ Post ☐ Club

Unit No.:

Unit  
No.

OR

Term:

Months

Registration  
fee

PAID: ☐ Cash ☐ Check No. ☐ Credit card

All questions MUST be answered. Write NONE if applicable.

1. Exploring background.  
Position \_\_\_\_\_ Council \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Experience working with youth in other organizations. Please provide contact information.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Previous residences (for last 10 years).  
City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Current memberships (religious, community, business, labor, or professional organizations).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. References. Please list those who are familiar with your character. References may be checked.

Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

6. Additional information. (Mark each answer.) Yes No  
☐ ☐

a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Do you use illegal drugs or abuse alcohol? Explain: ☐ ☐  
\_\_\_\_\_  
\_\_\_\_\_

c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: ☐ ☐  
\_\_\_\_\_  
\_\_\_\_\_

d. Has your driver's license ever been suspended or revoked? Explain: ☐ ☐  
\_\_\_\_\_  
\_\_\_\_\_

e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: ☐ ☐  
\_\_\_\_\_  
\_\_\_\_\_

f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people? ☐ ☐  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

☐ **None**

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults **NOT** Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



**Prepared. For Life.®**

## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

### In case of emergency, notify the person below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE  
INHALER? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: \_\_\_\_\_

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

Further approval required: ☐ Yes ☐ No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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



## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

### Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



Prepared. For Life.®



# TEN MILE RIVER SCOUT CAMPS

GREATER NEW YORK COUNCILS

www.tenmileriver.org

## Individualized Medication Orders STANDARD OVER-THE-COUNTER/PRN MEDICATIONS

CAMPER NAME: \_\_\_\_\_ UNIT: \_\_\_\_\_ CAMP: \_\_\_\_\_

CAMPER WEIGHT: \_\_\_\_\_ lbs. DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HEALTHCARE PROVIDER NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEALTHCARE PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I recognize that this is a two-page document

HEALTHCARE PROVIDER STAMP:

By order of the NYS Department of Health, this form is required for all campers under 18 years of age, and must be accompanied by a completed Annual BSA Health and Medical Record Form.

The following medications are available in the camp Health Lodge and will be administered at the discretion of the camp Medical Officer, if **approval** is ordered by the Healthcare Provider below.

**Do not send these medications to camp; they are at the Health Lodge**

DRUG NAME	ROUTE <i>circle preferred formulation</i>	DOSAGE	SCHEDULE	PROVIDER ORDER <i>check one</i>	COMMENTS
BENADRYL (25 to 50 mg)	PO (elixir, chewable tabs, pills)	Per label instructions by age/weight	Q 6 hr prn for allergic reaction (hives, insect bite)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CEPACOL	PO (lozenges)	Per label instructions by age/weight	Q 2 hr for sore throat (no > 4 doses in 24 hr and no fever)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILDREN'S DIMETAPP COLD & ALLERGY	PO (elixir, tabs)	Per label instructions by age/weight	Q 6-8 hr prn for nasal congestion/drainage	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IBUPROFEN (200 to 400 mg)	PO (chewable tabs, suspension, tabs)	Per label instructions by age/weight	Q 6 hr prn for pain or fever > _____ °F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MYLANTA	PO (chewable tabs)	Per label instructions by age/weight	TID prn for stomach upset	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILDREN'S PEPTO BISMOL	PO (liquid, chewable tabs)	Per label instructions by age/weight	TID prn for stomach upset (no > 4 doses in 24 hr)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ROBITUSSIN	PO (syrup)	Per label instructions by age/weight	Q 4 hr prn for cough	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Individualized Medication Orders**  
**STANDARD OVER-THE-COUNTER/PRN MEDICATIONS**

CAMPER NAME: \_\_\_\_\_ UNIT: \_\_\_\_\_ CAMP: \_\_\_\_\_

DRUG NAME	ROUTE <i>circle preferred formulation</i>	DOSAGE	SCHEDULE	PROVIDER ORDER <i>check one</i>	COMMENTS
TYLENOL	PO (chewable tabs, elixir, tabs)	Per label instructions by age/weight	Q 4 hr prn for pain or fever > _____ °F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CALADRYL	Topical	Per label instructions by age/weight	as directed for itches, bites, skin irritations, rashes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BACITRACIN OINTMENT	Topical	Per label instructions by age/weight	as directed for minor cuts and abrasions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TINACTIN (or equivalent)	Topical (liquid, powder)	Per label instructions by age/weight	as directed for athlete's foot, jock itch, fungal rash	<input type="checkbox"/> YES <input type="checkbox"/> NO	

The medications above are the **only medications** that are available in the camp Health Lodge. If additional over-the-counter medications are required, the camper's parent/guardian must make arrangements to procure and send these medications to camp with the camper's unit leader. The Healthcare Provider should list any such medications below.

**SELF-PROVIDED OVER-THE-COUNTER/PRN MEDICATIONS**

**please strike out this section if not needed**

				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include §2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians of all campers who attend camp for 7 or more nights. This law became effective on August 15, 2003.

Ten Mile River Scout Camps are required to maintain a record of the following for each camper:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent or guardian; AND
- Information on the availability and cost of meningococcal meningitis vaccine (Menomune™); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States — types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at [www.meningitisvaccine.com](http://www.meningitisvaccine.com). Ten Mile River Scout Camps *do not offer MENINGOCOCCAL IMMUNIZATION SERVICES*.

For all Scouts attending camp for more than one week, **Please complete the Meningococcal Vaccination Response Form on the reverse side. This form should remain attached to your child's medical form and be brought to the camp.**

To learn more about meningitis and the vaccine, please feel free to contact Camping Services at 212-651-2955, visit [tenmileriver.org](http://tenmileriver.org) and/or consult your child's physician. You can also find information about the disease at the New York State Department of Health website: [WWW.HEALTH.STATE.NY.US](http://WWW.HEALTH.STATE.NY.US), and the website of the Center for Disease Control and Prevention (CDC): [WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO](http://WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO).



# **MENINGOCOCCAL MENINGITIS VACCINATION**

## **RESPONSE FORM**

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

**Check one box and sign below.**

☐ My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: \_\_\_\_\_

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

Camper's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian's E-mail address (optional): \_\_\_\_\_

# **ATTENTION: PLEASE BE SURE TO INCLUDE MMR VACCINE DATE ON PART B2 of the MEDICAL FORM**

**Sullivan County Public Health Order No. 1, 2021**

**Issued by the Sullivan County Legislature on May 6, 2021**

**requires all Camp Owners/Operators in Sullivan County, NY to be in compliance with the Order and to have documentation available upon demand to show proof of immunity to measles for ALL campers and camp staff.**

Proof of immunity to measles or proof of MMR vaccination can be obtained through your local health care provider's office prior to arrival at camp.

Written documentation from a health care provider of one or more doses of a measles containing vaccine (MMR) or:

- a) Laboratory evidence of immunity;
- b) Laboratory confirmation of measles;
- c) Birth before 1957

