

**Scouting America**  
**Rio Grande Council**

Dear Staff Member,

Welcome to the Camp Perry summer camp staff! We are looking forward to a great summer and pleased that you will be a part of helping to make it happen.

Enclosed are several items that are necessary to complete the employment process. Please read everything over carefully and if you have any questions feel free to call the Camp Director at (956) 369-8008.

**Contracts and accompanying employment paperwork must be returned promptly to the Camp Director or the Council office no later than June 16<sup>th</sup>, 2025.**

1. **2025 Summer Camp Staff Letter of Agreement (via e-sign or in person at check-in) –**  
Read agreement carefully then sign and date. A parent or guardian must also sign if you are under 18 years of age at the time of signing this agreement. After reading, be sure to also initial this form at the bottom. Return the signed and initialed agreement to the Camp Director by June 16<sup>th</sup>, 2025. Keep a copy for your records.
2. **W-4 Employee's Withholding Allowance Forms** - Each paid staff member must complete these forms in order for us to pay you. Return these completed forms with the signed Letter of Agreement.
3. **I-9, Employment Eligibility Verification Form** Each paid staff member must complete this form for us to employ and pay you. Please read this form over and be sure you have the required documents to show us. You may bring this form and the required documents to the council office to be reviewed. Please photocopy either one document from List A OR one document from List B AND one from List C to turn in with your I-9.
4. **Authorization Agreement for Automatic Direct Deposit Form** -Your pay checks will be deposited directly into your bank account by the Rio Grande Council on prescribed pay dates and not handed out at camp. Please complete this form and return with the other required forms listed above.
5. **Scouting America Health and Medical Record Form** -Every staff member must have an updated BSA Health and Medical Record on file at camp to be employed. Complete parts A, B and C. Part C requires a physical exam to be signed and dated by a health professional within one year of your employment. You must bring this form with you when you arrive for staff week. Please copy your insurance card and include with your medical form when turned in. We must have one on file before you begin work.
6. **Uniforms** -As an employee of the Rio Grande Council you are required to meet uniform standards. (See staff Uniform Policy on the reverse of your Letter of Agreement and in the Camp Staff Manual). Returning staff members will note that this policy has not changed from previous years. Before arriving at camp please make sure your uniform has alterations, patches sewed on, etc.
7. **Scouter Code of Conduct** -Please sign and print your name -this will accompany the BSA Youth/Adult application that must be completed for summer camp employment.

Please take care of these critical items in a timely manner. The law will not allow us to employ or pay you if these forms are not completed properly and on file before you begin your employment. Don't hesitate to call the Camp Director at (956) 369-8008 the Council Office at (956) 423-0250 if you have any questions.

Sincerely,



**Gabriel Rodriguez**  
Camp Director

6912 W. Expressway 83  
P.O Box 2424  
Harlingen, Texas 78551  
956.423.0250  
[www.riograndecouncil.org](http://www.riograndecouncil.org)

*"The values of Scouting are worth endowing"*  
*"Remember Scouting in your will"*  
**Prepared. For Life.®**  
**Preparados para el futuro.™**

Serving Youth in:  
Cameron County  
Hidalgo County  
Starr County  
Willacy County  
Zapata County



# Required Online Trainings

2025

## Safeguarding Youth and Hazardous Weather Training

Youth Protection Training (YPT) is now Safeguarding Youth training and is required to take once a year. Hazardous Weather training must be taken every two years. Please submit a certificate of completion for both trainings and submit to the Camp Director with your staff paperwork.

Go to: <https://my.scouting.org>

Youth Protection Training [YP2]:

- Create an account or log in.
- On the main page click on “Home” in the upper left corner.
- Click on “My Dashboard”
- Under the “YP2” tab you will find the new Youth Protection Training.

Hazardous Weather Training:

- Under the “Training Center” tab click on any of the programs and scroll down to find.
- Follow the instructions for the training
- Print your certificates at the end and turn it in with your employment paperwork.

## Workplace Harassment Prevention Training

This training is required for all members of the camp staff and must be retaken every year.

Go to:

<https://www.skillsoftcompliance.com/Academy/Commonui/login.aspx?ReturnUrl=%2facademy%2fdefault.aspx%3forgid%3d551502&orgid=551502>

- Log in or create a new account
- If creating a new account, fill in your personal information and select “employee” and “Rio Grande Council” from the dropdown menu.
- Once logged in, view your learning plan and required assignments
- Launch the course by clicking the green play button.
- Once you have completed the learning material, please save your certificate of completion and submit with your other paperwork.

**These trainings are required for all employees and staff volunteers**

# BOY SCOUTS OF AMERICA SCOUTER CODE OF CONDUCT

On my honor, I promise to do my best to comply with this Boy Scouts of America Scouter Code of Conduct while serving in my capacity as an adult leader:

1. I have completed or will complete my registration with the Boy Scouts of America, answering all questions truthfully and honestly.
2. I will do my best to live up to the Scout Oath and Scout Law, obey all laws, and hold others in Scouting accountable to those standards. I will exercise sound judgment and demonstrate good leadership and use the Scouting program for its intended purpose consistent with the mission of the Boy Scouts of America.
3. I will make the protection of youth a personal priority. I will complete and remain current with Youth Protection training requirements. I will be familiar with and follow:
  - BSA Youth Protection policies and guidelines, including mandatory reporting: [www.scouting.org/training/youth-protection/](http://www.scouting.org/training/youth-protection/)
  - *The Guide to Safe Scouting*: [www.scouting.org/health-and-safety/gss](http://www.scouting.org/health-and-safety/gss)
  - SAFE: [www.scouting.org/health-and-safety/safe/](http://www.scouting.org/health-and-safety/safe/)
4. When transporting youth, I will obey all laws, comply with Youth Protection guidelines, and follow safe driving practices.
5. I will respect and abide by the Rules and Regulations of the Boy Scouts of America, BSA policies, and BSA-provided training, including but not limited to those relating to:
  - Unauthorized fundraising activities
  - Advocacy on social and political issues, including prohibited use of the BSA uniform and brand
  - Bullying, hazing, harassment, and unlawful discrimination of any kind
6. I will not discuss or engage in any form of sexual conduct while engaged in Scouting activities. I will refer youth with questions regarding these topics to talk to their parents or spiritual advisor.
7. I confirm that I have fully disclosed and will disclose in the future any of the following:
  - Any criminal suspicion, charges, or convictions of a crime or offense involving abuse, violence, sexual misconduct, or any misconduct involving minors or juveniles
  - Any investigation or court order involving domestic violence, child abuse, or similar matter
  - Any criminal charges or convictions for offenses involving controlled substances, driving while intoxicated, firearms, or dangerous weapons
8. I will not possess, distribute, transport, consume, or use any of the following items prohibited by law or in violation of any Scouting rules, regulations, and policies:
  - Alcoholic beverages or controlled substances, including marijuana
  - Concealed or unconcealed firearms, fireworks, or explosives
  - Pornography or materials containing words or images inconsistent with Scouting values
9. If I am taking prescription medications with the potential of impairing my functioning or judgment, I will not engage in activities that would put youth at risk, including driving or operating equipment.
10. I will take steps to prevent or report any violation of this code of conduct by others in connection with Scouting activities.

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Staff Member Signature

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Print Name

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Date

**Council Name**    Rio Grande Council

**New Hire / Rehire Information Worksheet**

(to be completed by the employee - except for "OFFICE USE ONLY" section)

**Personal Information**    (Please use **Legal Name.**)

Prefix   First Name   Middle Name   Last Name   Suffix   No "-" S. S. Account Number

Address Line 1   Address Line 2   City   State   Zip   Date of Birth

Home Phone   Work Phone   Cell Phone   Gender   Marital Status

Work E-Mail   Personal E-Mail   EEOC Ethnic Code 1   EEOC Ethnic Code 2

EEOC Ethnic Code 3   EEOC Ethnic Code 4   EEOC Ethnic Code 5

Citizen   Veteran Status   NEI Class   125 Plan

Cub Scout   Boy Scout   Varsity Scout   Explorer   Highest Rank

<b>OFFICE USE ONLY</b>									
<b>Employee Job Title</b>			<b>Employee Class</b>		<b>FLSA Code</b>				
Default Labor Code		Default GL Code		Location		Hire Date		Pension HIRE Act Qualified	
Pay Cycle	Pay Type	Taxable Status		Annual Salary		No of Pays	Weekly Std Hours		
Salary Per Pay		Hourly Pay Rate		Employee Status		Cost of Living		Housing	
<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>	
Check Print Control		WC State		WC Code					
		Alabama							
Fed W-4 Status		Federal Exemptions			State W-4 Status		State Exemptions		UC State
Direct Deposit Type		Prenote		Account Number		ABA Number		Description	

**Emergency Contact Information:**

**Contact #1**

Name   Relationship   Home Phone   Work Phone   Cell Phone

**Contact #2**

Name   Relationship   Home Phone   Work Phone   Cell Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed by Employee

# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize my employer, \_\_\_\_\_, (hereinafter Company) to deposit any amounts owed me by initiating credit entries into my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit any such entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name \_\_\_\_\_ (Please print)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This authorization is for:

- ☐ New Direct Deposit
- ☐ Deposit Change
- ☐ Cancel My Direct Deposit

## CHECKING DEPOSIT (Please attach a VOIDED check)

I wish to deposit to checking:

- ☐ a flat amount of \$ \_\_\_\_\_
- ☐ \_\_\_\_\_ % of my net pay
- ☐ My entire net pay

## SAVINGS DEPOSIT

ABA Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

I wish to deposit to savings:

- ☐ a flat amount of \$ \_\_\_\_\_
- ☐ \_\_\_\_\_ % of my net pay
- ☐ My entire net pay

## OTHER ACCOUNT

ABA Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

I wish to deposit to:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Checking | <input type="checkbox"/> a flat amount of \$ _____ |
| <input type="checkbox"/> Savings  | <input type="checkbox"/> _____ % of my net pay     |
|                                   | <input type="checkbox"/> My entire net pay         |

**\*NOTE:** Savings and Credit Union accounts may use different ABA and/or Account Numbers for ACH transactions. It is each employee's responsibility to call their bank and acquire the correct information for initiating direct deposits into such accounts. **Deposit Slips Are Not Valid.**

**I understand I am responsible for confirming that my pay has been properly deposited each payroll. No transactions will be initiated against those funds until that confirmation has been made. Any Non-Sufficient Funds charges that occur because I have failed to abide by this will be my responsibility.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A		LIST B	LIST C	
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization	
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. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document	
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)	
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.	
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
11. Clinic, doctor, or hospital record				
12. Day-care or nursery school record				

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Employee's Withholding Certificate**

OMB No. 1545-0074

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.****Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2025****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 . . . . . \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

**Employers**  
**Only**

\_\_\_\_\_  
Employer's name and address

\_\_\_\_\_  
First date of  
employment

\_\_\_\_\_  
Employer identification  
number (EIN)



## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

# BSA ADULT APPLICATION

All fields must be completed in order to process your registration.

First name (Full legal name)	Middle name	Last name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Home Address	Date of Birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip	Social Security Number (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Ethnic background: <input type="radio"/> Black/African <input type="radio"/> Caucasian/White <input type="radio"/> Native American <input type="radio"/> Hispanic/Latino <input type="radio"/> Alaska Native <input type="radio"/> Pacific Islander <input type="radio"/> Asian <input type="radio"/> Other			
Primary phone		Alternate phone	Extension
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	x <input type="text"/>
<input type="radio"/> <b>Scout Life subscription</b>			
Please select your preference of communication: <input type="radio"/> Email <input type="radio"/> Phone Call <input type="radio"/> SMS/Text			
Email address	Occupation		
<input type="text"/>	<input type="text"/>		
Are you an Eagle Scout? Yes <input type="radio"/> No <input type="radio"/>	Employer		
If so, enter date earned Eagle (mm/dd/yyyy)	<input type="text"/>		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>		

All questions MUST be answered. Write NONE if not applicable.

1. Scouting background. POSITION COUNCIL YEAR	3. Previous residences (for last 10 years). CITY STATE	b. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: Yes No
<input type="text"/>	<input type="text"/>	<input type="radio"/> <input type="radio"/>
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
2. Experience working with youth in other organizations. Please provide contact information for at least two below.	4. Current memberships (religious, community, business, labor, or professional organizations).	c. Has your driver's license ever been suspended or revoked? Explain: Yes No
Organization <input type="text"/>	<input type="text"/>	<input type="radio"/> <input type="radio"/>
Contact name <input type="text"/>	<input type="text"/>	
Phone <input type="text"/>	<input type="text"/>	
Organization <input type="text"/>	5. Additional information. (Mark each answer.)	d. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: Yes No
Contact name <input type="text"/>	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: Yes No	<input type="radio"/> <input type="radio"/>
Phone <input type="text"/>	<input type="text"/>	
Organization <input type="text"/>		
Contact name <input type="text"/>		
Phone <input type="text"/>		

I hereby certify that

1. I have read and affirm that I accept the Declaration of Religious Principle. I agree to comply with the rules and regulations of the BSA and the local council, including the Scouter Code of Conduct.
2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS  
REQUIRED

Signature of applicant

Date

☐ YPT completion certificate attached and Background Check Authorization form attached

## TO BE COMPLETED BY UNIT

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

All applications should be submitted to the local council within 5 business days.

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 the BSA.

Signature of Chartered Organization Head or representative or council representative

Date

Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship

☐ New leader ☐ Former leader ☐ Position change ☐ Participant

Unit No. or District name

Scouting Position Code Scouting Position Title

\$  \$  \$

Registration fee Council fee Scout Life fee

PAID: ☐ Cash ☐ Check No.  ☐ Credit card

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 the BSA.

Signature of Scout Executive or designee

Date

If applicant has a current registration in another unit or local council, the registration may be completed at no charge by transferring the registration or multiple registering.

Unit No. or District name

Transferring from Unit/Council:

☐ Transfer application ☐ Multiple application ☐ Pack ☐ Troop ☐ Crew ☐ Ship

Enter membership number from unexpired registration:

## **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:** Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the "Company") may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with the 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 Boy Scouts of America, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, TX 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 Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the "Company") to procure consumer report(s) (as defined by federal law) and/or investigative consumer report(s) (as defined by applicable California state law), which in my case means criminal background check(s)/driving record(s), 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**. This authorization applies only to criminal checks/driving records and does not allow the Company to obtain credit checks. 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 the Company can procure additional consumer report(s), which in my case means criminal background check(s)/driving record(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 the Company's local councils and/or chartered organizations 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 the Company may procure, please check this box.

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

# Rio Grande Council Application for Employment— Seasonal Camp Staff

An Equal Opportunity Employer

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The Rio Grande Council, Boy Scouts of America, is an equal opportunity employer. The Rio Grande Council does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical disability, military status, or unfavorable discharge from military service.

In accordance with Boy Scouts of America qualifications and requirements, I hereby subscribe to the Scout Oath or Promise, Law, and the declaration of religious principle. I agree to abide by the Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America.

Applicants are not required to give any information on this form that is prohibited by federal, state, or local law.

All camp staff members must be registered members of the Boy Scouts of America.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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Age 18 or older? Yes ☐ No ☐

Relative employed by the council? Yes ☐ No ☐

Desired start date: \_\_\_\_\_ If relative employed, name: \_\_\_\_\_

(Date Format-mm/dd/yyyy)

Have you ever been employed by the council? If so, when? \_\_\_\_\_

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How were you referred to the council? \_\_\_\_\_

If by an individual and/or organization, give the name. \_\_\_\_\_

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List all specialized skills and training applicable to the position for which you are applying.

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## Education

(Attach information about other degrees or diplomas earned or in progress on a separate sheet. Also include technical or business training.)

Highest Degree: \_\_\_\_\_

GPA: \_\_\_\_\_

Graduated: Yes ☐ No ☐

Major: \_\_\_\_\_

School: \_\_\_\_\_

Location: \_\_\_\_\_

## Licenses and Certifications

(Attach information about other licenses or certifications on a separate sheet.)

License or Certificate: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License No. (if applicable): \_\_\_\_\_

(Date Format-mm/dd/yyyy)

Issued by: \_\_\_\_\_

State/Country: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Date Format-mm/dd/yyyy)

## Prior Work Experience

Include any employment prior to today's date, even if that employment has not ended. For more than two employers, submit the information in the same format on another sheet. Include military experience as if an employer, including branch, rank, and date of discharge.

Last Employer: \_\_\_\_\_

May we contact your current employer? Yes ☐ No ☐

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Pay Rate: \_\_\_\_\_ per \_\_\_\_\_

(Date Format-mm/dd/yyyy)

(Date Format-mm/dd/yyyy)

Ending Position or Rank: \_\_\_\_\_

Reason for Leaving\*: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Pay Rate: \_\_\_\_\_ per \_\_\_\_\_

(Date Format-mm/dd/yyyy)

(Date Format-mm/dd/yyyy)

Ending Position or Rank: \_\_\_\_\_

Reason for Leaving\*: \_\_\_\_\_

\*Have you ever been terminated or asked to resign from any job? \_\_\_\_\_ If so, give details on a separate sheet.

**Camp Applying For:** \_\_\_\_\_ **Desired Position:** \_\_\_\_\_

**Boy Scout/Youth Experience:**

Council: \_\_\_\_\_

Unit Number: \_\_\_\_\_ No. of Years Tenure as Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

Offices Held: \_\_\_\_\_

Achievements: \_\_\_\_\_

Special Training Completed: \_\_\_\_\_

List Hobbies and Special Interests: \_\_\_\_\_

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**References** Give the names of three persons not related to you whom you have known for at least three years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

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Applicants are subject to background investigations, including criminal background checks.

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

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Please read carefully before signing:

I attest with my signature below that I have given the Rio Grande Council, Boy Scouts of America, true and complete information on this application. No requested information has been concealed. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that the results of any investigation may be disclosed to other employees involved in the hiring process and I consent to the dissemination of the results of any investigation to such employees. I authorize the Rio Grande Council, Boy Scouts of America, to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Rio Grande Council, Boy Scouts of America, to hire me. If I am hired, I understand that either the Rio Grande Council, Boy Scouts of America, or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative other than the Scout executive has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

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Signature

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Date

# **RIO GRANDE COUNCIL BACKGROUND INVESTIGATION DISCLOSURE AND AUTHORIZATION**

## **For Use With Rio Grande Council Employment Application**

In making this application I understand that investigative reports, which may include information regarding any criminal background, my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be made. I authorize the Rio Grande Council to procure or cause to be procured such reports. Such a report may be a “consumer report” or an “investigative consumer report” within the meaning of the Fair Credit Reporting Act (“FCRA”), in which event I am entitled, upon my request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Rio Grande Council and a summary of my rights under the FCRA.

I also understand that under the FCRA, before taking any adverse employment action based in whole or in part on a consumer report or investigative consumer report, the Rio Grande Council must provide me with a copy of the report and a written description of my rights under the FCRA. In addition, if any adverse action is taken against me based in whole or in part on any information contained in a consumer report, the Rio Grande Council must give me a notice. The notice may be given in writing, orally, or by electronic means and must include the following:

- The name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency, if it is a nationwide consumer reporting agency) that provided the report.
- A statement that the consumer reporting agency did not make the adverse decision and is not able to explain why the decision was made.
- A statement setting forth my right to obtain a free disclosure of my file from the consumer reporting agency if I request the report within 60 days.
- A statement setting forth my right to dispute directly with the consumer reporting agency the accuracy or completeness of any information provided by the consumer reporting agency.

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Signature

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Date

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Printed Name



## 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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<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	<input type="checkbox"/>	<input type="checkbox"/>	

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	

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

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

### 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
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	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



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