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CITIZENSHIP IN SOCIETY MERIT BADGE COUNSELOR APPLICATION CHECKLIST



1. BSA ADULT APPLICATION/BACKGROUND CHECK AUTHORIZATION

- If New to being a Merit Badge Counselor fill out [the adult application](#) . All questions on the right must be answered. Reference name and telephone numbers are provided by applicant.
- Additional information on background must be answered Yes or No.
- Date of Birth, Driver's License and Social Security Number must be provided on application.
- Position Code is **42**; Scouting Position is **Merit Badge Counselor**.
- Applicant must initial area on application requiring initials (Certification) and must sign the application.

2. MERIT BADGE COUNSELOR APPLICATION

- Fill out the Merit Badge Counselor [information](#) form including District and Unit No.
- Merit Badge listed along with qualifications. List Youth Protection date.
- District Advancement Chair or designee (Dean of Merit Badge Counselor) sign under "Council Approval"

3. YOUTH PROTECTION/MERIT BADGE COUNSELOR TRAINING/DEI TRAINING

- Turn in a copy of Youth Protection and Youth Protection is current for at least 12 months. [YPT Training](#)
- Recommend completion of online Merit Badge Training or in person MBC Training
- Recommend completion of the Diversity, Equity, and Inclusion Training [DEI training](#)

4. AGREEMENT AS CITIZENSHIP IN SOCIETY MERIT BADGE COUNSELOR

- I have read and agree to follow the Citizenship in Society Counselor Facilitation Guide [PowerPoint Presentation \(scouting.org\)](#)
- I agree to take the role as a facilitator vs instructor
- I am skilled in listening and guiding discussions
- I understand that the Options to Study include "individual (within YPT guidelines) or "Small Group Study with 3-5 scouts: within 2 years of age and within the same unit is the scout's choice.
- I agree that I will be available to openly communicate with the Scout's parent(s)/guardians(s) if questions or discussions require their assistance.
- I agree to secure parental approval and allow parents to distribute any of the Resources
- I agree to provide feedback on this Merit Badge to my respective District Advancement Chair.

District _____

Merit Badge Applicant Signature _____ Date: _____

District Advancement Chair or Designee Signature: _____ Date: _____