



# 100 YEARS OF SCOUTING

*Celebrating the Adventure ★ Continuing the Journey*

## MERIT BADGE COUNSELOR APPLICATION ERIE SHORES COUNCIL, BSA P O Box 8728, Toledo OH 43623

PLEASE PRINT ALL INFORMATION LEGIBLY

NAME: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (B) \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YOUTH PROTECTION TRAINING TAKEN ON: \_\_\_\_\_

CURRENT REGISTRATION PAID IN \_\_\_\_\_ (please indicate unit type and number)

DISTRICT \_\_\_\_\_ EMAIL: \_\_\_\_\_

I AM WILLING TO COUNSEL OUTSIDE THE UNIT I AM ASSOCIATED WITH \_\_\_ YES \_\_\_ NO

### MERIT BADGES I WILL BE COUNSELING AND QUALIFICATIONS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

PRESENT COUNCIL POLICY LIMITS COUNSELORS TO SEVEN (7) MERIT BADGES AT ONE TIME.

**I agree to obtain and use the merit badge counselor book, and require no more or less of the Scout than is required therein. I will abide by the Scout Buddy System and policies set forth by the Erie Shores Council regarding merit badge counselors.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

COUNCIL USE ONLY—DO NOT WRITE IN THIS BOX

RECEIVED ON \_\_\_\_\_ BY \_\_\_\_\_