



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 _____