Pack Registration Form for the Boy Scouts of America Family Scouting Program

To ensure the Green Mountain Council is in compliance with the guidelines and standards set forth by the Boy Scouts of America as they relate to the Family Scouting program, please take a moment to fill out the information below.

Pack # __________ District __________ Community __________

Required Signatures

As the Chartered Organization Representative of ________________________________, I approve Cub Scout Pack # ________ to participate in the Family Scouting program.

Printed Name __________________________________________________________________________________

Signature ______________________________________________________________________________________

Date ____________________________________________

Our plan is to have an all-girl Cub Scout Pack or girl dens with our current Cub Scout Pack (circle your choice)

OR

After discussing the Family Scouting Program with our Pack and Chartered Organization leadership, Pack ________ will not be participating in the Family Scouting Program and will thus remain an all-boy Cub Scout Pack.

Signed

Chartered Organization Representative (printed) ________________________________ (signature) ________________________________

Pack Committee Chair (printed) ____________________________________________ (signature) ________________________________

Cubmaster (printed) ________________________________ (signature) ________________________________

FOR PARTICIPATING CUB SCOUT PACKS

The Cubmaster and Den Leader(s) of the Family Scouting all-girl den(s) must agree to the following:

1. We agree that the Cubmaster and Den Leader(s) of the Pack are fully trained including leaders of the Family Scouting all-girl den(s), or will be trained before beginning the program.

2. We agree to have a minimum of four girls in the all-girl den.

3. For 2018, we agree that we can only recruit and register girls in grades K-4.

4. We agree that each girl den will have a youth protection trained adult female (not necessarily a registered volunteer) present at all meetings or events.

5. We agree to use the current Cub Scouting program and resources.

6. We agree to uphold the membership policies of the BSA and follow the guidelines of the Guide to Safe Scouting.

Cubmaster name (printed) ________________________________ (signature) ________________________________

Date __________________ Email ____________________________

I am position-trained (date) ___________________ I will take training on ___________________