

Preparing Vermont's Youth for Life

GREEN MOUNTAIN
BOY SCOUTS



COUNCIL
OF AMERICA

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

As the Committee Chair of Cub Scout Pack # _____,
I approve the 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 _____

ACHIEVEMENT, ADVENTURE, & LEADERSHIP

P.O. Box 557, Waterbury, VT 05676
(802) 244-5189 Fax (802) 244-5259
www.scoutingvermont.org