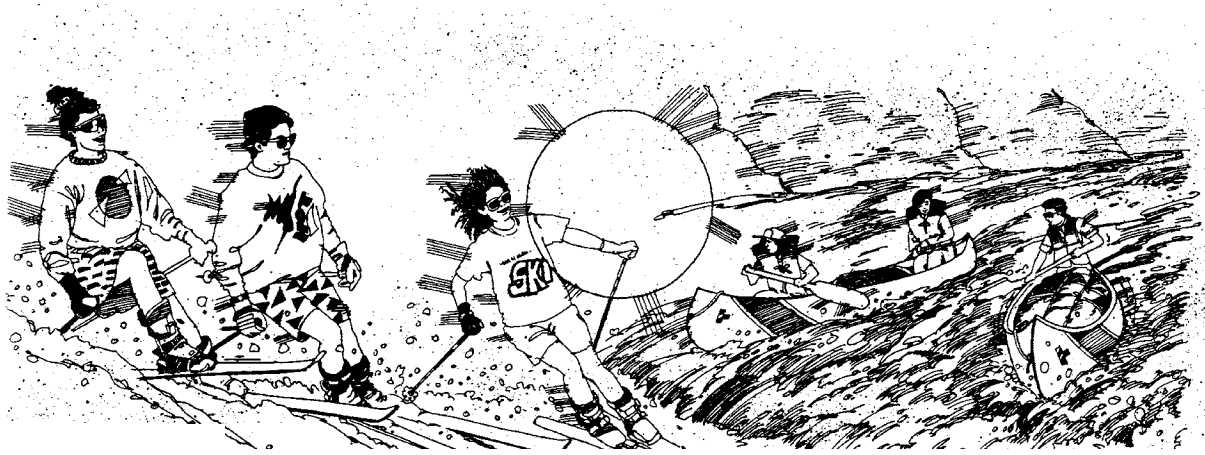




# VENTURER APPLICATION

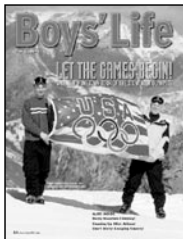


VENTURING® · BSA

**BOYS' LIFE MAGAZINE**

First Issue

Last Issue



**TEMPORARY  
MEMBERSHIP  
CERTIFICATE  
(Good for 60 days)**

This is to certify that

\_\_\_\_\_ is a member in Venturing.

\_\_\_\_\_  
Advisor/Skipper

\_\_\_\_\_  
Crew/Ship

\_\_\_\_\_  
Date

**VENTURING • BSA**

I submit my \$10 registration fee for one year. I am at least 14 years of age and have completed the eighth grade or am 15 years of age and not yet 21.

Venturers registered in a crew or ship prior to their 21st birthday may continue as members after their 21st birthday until the crew or ship recharter or until they reach their 22nd birthday, whichever comes first.

Venturing includes challenging physical and mental activities. If you have not recently had a complete medical examination, you are urged to see your family physician. Notify your Advisor/Skipper if you require special medication or if your physician recommends limited activity. Please fill in the Health History on the back of the unit copy of this application.

**Boys' Life** is the monthly magazine of the Boy Scouts of America. It will help stimulate your interest in good reading. The subscription is only \$12.00 a year (half the new regular rate of \$24.00 a year). Just check the *Boys' Life* box on the application.

Please calculate and remit the appropriate state and local taxes.

On late registrations it may be necessary to deliver back issues.

**Venturing Oath**

As a Venturer, I promise to do my duty to God and help strengthen America, to help others, and to seek truth, fairness, and adventure in our world.

**Venturing Code**

As a Venturer, I believe that America's strength lies in our trust in God and in the courage, strength, and traditions of our people.

I will, therefore, be faithful in my religious duties and will maintain a personal sense of honor in my own life.

I will treasure my American heritage and will do all I can to preserve and enrich it.

I will recognize the dignity and worth of all humanity and will use fair play and goodwill in my daily life.

I will acquire the Venturing attitude that seeks the truth in all things and adventure on the frontiers of our changing world.

I have read the above Venturing Oath and Code and will strive to live up to them.

Signed \_\_\_\_\_

**ADVISOR/SKIPPER:** (1) Sign completed form; (2) retain crew/ship copy and forward the other copy to local council service center with proper fees; and (3) sign Membership Certificate and present to member.

# BOY SCOUTS OF AMERICA

## INFORMATION FOR VENTURERS

(It is important that you share this with your parents.)

### **Welcome to Venturing, a program of the Boy Scouts of America.**

You are joining more than 4 million members of the Boy Scouts of America. Please take the time to review this material and reflect upon its importance.

### **The BSA and the Chartered Organization**

The Boy Scouts of America makes Venturing available to our nation's youth by chartering community organizations to operate Venturing crews. The chartered organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of the BSA. The BSA local council provides unit leader training, program ideas, camping facilities, literature, professional guidance for volunteer leaders, and liability insurance protection.

### **Venturing's Volunteers and You**

Venturing's adult volunteers provide leadership at the crew, district, council, and national levels. Many are parents of Venturers, or entered as youth members. Each chartered organization establishes a crew committee, which operates its Venturing crew, selects leadership, and provides support for a quality program. Some crew committees depend on parents for membership and assistance.

The crew committee selects the Venturing Advisor, subject to approval of the head of the chartered organization or chartered organization representative. The crew Advisor must be a good role model because Venturers' values and lives will be influenced by that leader. Your parents need to know your crew Advisor and should be involved in the crew committee's activities so they can evaluate and help direct that influence.

Your parents can help by encouraging perfect attendance, attending meetings for parents, and assisting when called upon by your Advisor.

### **Program Policies**

The Venturing program is flexible, but major departures from BSA methods and policies are not permitted. You and your parents should be aware that:

- Leadership is restricted to qualified adults who subscribe to the Declaration of Religious Principle, the Venturing Oath, and the BSA Standards of Leadership.
- Citizenship activities are encouraged, but partisan political activities are prohibited.

- The Boy Scouts of America recognizes the importance of religious faith and duty; it leaves sectarian religious instruction to the member's religious leaders and family. Members who do not belong to a crew's religious chartered organization shall not be required to participate in its religious activities.
- Two registered adult leaders or one registered adult leader and a parent of a participant, who must be 21 years of age or older, are required on all trips and outings. If trips and outings are coeducational, leaders of both genders must be present.
- Parents and crew leaders must work together to solve discipline problems.
- One-on-one activities between Venturers and adults are not permitted. Personal conferences must be conducted in plain view of others.
- If you suspect that anyone in the crew is a victim of child abuse, immediately contact your council Scout executive, who is responsible for reporting this to the appropriate authorities.
- All Venturing activities are open to parental visitation.

### **Excerpt from the Declaration of Religious Principle**

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and the organization or group with which the member is connected shall give definite attention

to religious life. Only persons willing to subscribe to this Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of membership.

### **Policy of Nondiscrimination**

Youth membership in the Boy Scouts of America is open to all boys and young adults who meet the joining requirements. Membership in Scouting, advancement, and achievement of leadership in Scouting units are open to all youths without regard to race or ethnic background and are based entirely upon individual merit.

**Ethnic Background Information.** BSA receives inquiries from various agencies regarding racial composition. Please mark the appropriate box to indicate ethnic background.

- |   |   |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian        |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Hispanic/Latino  |
| <input type="checkbox"/> Alaska Native    | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Other            |

### **Thank You**

The Boy Scouts of America appreciates your taking time to become familiar with Venturing. We feel that informed Venturers and parents are strong allies in delivering the Scouting program. Help us keep the crew program in accord with Venturing principles. Alert the crew committee, chartered organization representative, and head of the chartered organization to any major deviations. Please do your fair share to support a quality crew program.





# Class 1 Personal Health History

(Update annually, using form No. 34414.)

## PLEASE DETACH BEFORE COMPLETING.

**Identification:** To be filled out by parent or guardian. Please print in ink.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

**Allergies:** Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

<b>General Information:</b>		Yes	No	Yes	No	Yes	No	Yes	No
ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/> <input type="checkbox"/>	Asthma	<input type="checkbox"/> <input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/> <input type="checkbox"/>	Heart trouble	<input type="checkbox"/> <input type="checkbox"/>	High blood pressure	<input type="checkbox"/> <input type="checkbox"/>
		Cancer/leukemia	<input type="checkbox"/> <input type="checkbox"/>	Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Hemophilia	<input type="checkbox"/> <input type="checkbox"/>	Kidney disease	<input type="checkbox"/> <input type="checkbox"/>

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

\_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

### Immunization or History of Having Had Disease (give date of last inoculation):

Tetanus toxoid \_\_\_\_\_ Pertussis \_\_\_\_\_ Mumps \_\_\_\_\_ Polio \_\_\_\_\_ Hepatitis A \_\_\_\_\_

Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

### Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian