

Samoset Council, BSA

3511 Camp Phillips Rd
Weston, WI 54476



NOVA COUNSELOR & SUPERNOVA MENTOR APPLICATION

NAME _____ AGE _____ BUSINESS PHONE _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

NOVA COUNSELOR SUPERNOVA MENTOR

CHECK THE DISTRICT YOU ARE ASSOCIATED WITH:

AHDAWAGAM MUSHKODANY OJIBWA RIB MOUNTAIN NORTHWOODS CRYSTAL LAKE

TO QUALIFY AS A STEM COUNSELOR, YOU MUST:

- ✓ Be at least 21 years old.
- ✓ Be proficient in the merit badge subject by vocation, avocation, or special training.
- ✓ Be able to work with Scout-age boys.
- ✓ Be registered with the Boy Scouts of America as a STEM Counselor.
- ✓ Be current with BSA Youth Protection Training.
- ✓ Be approved by Samoset Council STEM Committee.

AS A STEM COUNSELOR, I AGREE TO:

- ✓ Follow the requirements of the STEM program, making no deletions or additions, ensuring that the advancement standards are fair and uniform for all Scouts.
- ✓ Have a Scout and his buddy present at all instructional sessions.
- ✓ Renew my registration annually if I plan to continue as a STEM counselor.
- ✓ Complete a Youth Protection training session prior to counseling and every two years.
(<http://www.myscouting.org>)

*****PLEASE NOTE*****			
You are required to provide brief descriptions of vocations, Avocation, or special training on the back of this form. Without this information your application will be returned for completion.	<u>VOCATION</u>	<u>AVOCATION</u>	<u>SPECIAL TRAINING</u>
	Is this subject in line with your job, business, or profession?	Do you follow this subject as a hobby having more than a "working knowledge" of the requirements?	If not, do you have any special training, or other qualifications for this subject?
List STEM topics here:	If yes, give brief description on page 2.	If yes, give brief description on page 2.	If yes, give brief description on page 2.
1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<u>COUNCIL USE ONLY:</u>		
Application/Disclosure Form	Yes	No
STEM Application Completed	Yes	No
Youth Protection Completed	Yes	No
CBC Completed	Yes	No
Added To Council List	Yes	No
Application Returned	Yes	No

SIGNATURE: _____

DATE: _____

****PLEASE NOTE: THE BSA ADULT APPLICATION/ DISCLOSURE FORM MUST BE ATTACHED.**

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Brief descriptions of vocations, avocations, or special training from front page.

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