

Please attach two
 (2) 1" x 1" Latest
 ID Picture
 preferably in
 Scout Uniform

APPLICATION FOR MERIT BADGE COUNSELOR

NAME:	(Last Name)	(First Name)	(Middle Name)	(Nick Name)
Mailing Address:				Phone No.
School Address:				Phone No.
Birth Date:	Age:		Civil Status:	
Birth Place:	Gender:		Religion:	
Mobile No.:	EMAIL:		Nationality:	

MERIT BADGE COUNSELOR / ADVANCEMENT SEMINAR WORKSHOP ATTENDED

Venue:	Date:
BSP Membership ID/Cert. No.:	Registration Verified By:
Expiration Date:	Date Verified:

LIST OF PREFERRED SIX (6) MERIT BADGE SUBJECTS TO COUNSEL:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

Sponsoring Institution: _____ **District/Area:** _____
Scouting Position: _____ **Unit No.:** _____
Training Courses Completed in Scouting: *(Please include Course Title & Course No., Venue and Inclusive Dates)*

Other training/conferences/seminar attended related to the chosen Merit Badge Subjects:

Hobbies related to chosen Merit Badge Subjects:

THIS IS TO CERTIFY THAT

 (COMPLETE NAME)
**IS AN AUTHORIZED MERIT BADGE COUNSELOR, OF THE _____ COUNCIL, BSP,
 FOR THE FOLLOWING MERIT BADGE SUBJECTS:**

- | | |
|-----------------|-----------------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

APPROVED BY:

Council Advancement Chairman Council Program Commissioner Council Scout Executive/OIC

Accreditation No.: _____ **Date Issued:** _____ **Valid until:** _____
Recorded/Posted by: _____

I certify ON MY HONOR that the stated information are true and correct.

Merit Badge Counsellor's Specimen Signature

Merit Badge Counsellor's Specimen Signature

NOTE: Please accomplish in duplicate – 1 Council Copy, 2 Counsellor's Copy. Minimum age requirement for Merit Badge Counselor should be at least 18 years old. Preferably registered in the BSP but NOT required. The Local Council MUST issue a memorandum with all the list of duly ACCREDITED Merit Badge Counselors in the field. Accreditation remains valid for the period of three (3) years upon date of issuance.