**Boy Scouts of America – Greater New York Council**

**Nova Counselor Information**

**Thank you for your interest in being a Nova Counselor.** The information below will be used by Scouts to contact you about counseling assignments and by the Council to provide you with updated program information.

**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Address |  |
| Email |  |

**Membership Information Training Date Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Registration Year |  |  | Nova Counselor Training (D83) |  |
| BSA ID |  |  | YPT (Y01) |  |
| Unit |  |  | Venturing YPT (Y02) |  |
| District |  |  | I am at least 21 years old |  |

**Nova Assignment Preferences**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Select the level(s) that you would like counsel. | **Cub Scouts** | **Webelos Scouts** | **Boy Scouts** | **Venturers** |
|  |  |  |  |

Include my name and phone number in the Nova Counselor List available to unit leaders:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

I wish to work with youth ONLY from my unit:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |  |
| --- | --- |
| **To qualify as a Nova Counselor, you must**   * Be at least 21 years old and of good character. * Be able and willing to work with Scout-age youth. * Submit to the council: (SVMBC will check these off as completed) * Proof of YP training appropriate for the level(s) you will counsel. * Completed BSA adult reg, form (no charge, position code 58) * If not registered in another capacity with the BSA, please include receipt for Registration Fee in the amount of **$25.00** * Completed Nova Counselor Information form (this form). | **As a Nova Counselor, I agree to**   * Follow the requirements of the awards, making no deletions or additions, ensuring that the advancement standards are uniform for all Scouts. * Have a Scout accompanied by a buddy during all instructional sessions. * Keep my Youth Protection Training current. * Renew my BSA adult registration annually if I plan to continue as a Nova Counselor. |

|  |  |
| --- | --- |
|  | I wish to register (first time) as a Nova Counselor. |
|  | I wish to re-register as a Nova Counselor. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date: |  |

**Please submit your complete application and appropriate attachments to**:

GNYC STEM Sub-committee c/o Shawn Spencer or Donnie Collins via email: Cubpack255@hotmail.com