



**MARYLAND AMERICAN LEGION BOYS STATE  
THE WAR MEMORIAL BUILDING  
BALTIMORE, MARYLAND 21202**

**BOYS STATE COUNSELORS CONFIDENTIAL PERSONAL INFORMATION FORM**

The following information is needed to complete the process for your being involved as an American Legion Boys State Counselor. The information is considered confidential and will not be shared with anyone except those leaders who need it to fulfill their responsibility in the area of service in which you will be involved.

Complete the application in its entirety. Print or type. Return the completed form to Director, Roger W. Butt, War Memorial Building, 101 N. Gay Street, Baltimore, Md. 21202. Please mark CONFIDENTIAL on the envelope.

**I. PERSONAL INFORMATION**

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ E-MAIL \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*Next of Kin to be contacted in case of emergency:*

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_  
Name of American Legion Post: \_\_\_\_\_ POST NO \_\_\_\_\_

**II. EDUCATION (circle the highest level of education completed)**

Elementary School      High School      Associate      College Graduate  
Other (please explain)

\_\_\_\_\_  
Major in college/graduate school:

\_\_\_\_\_  
Other background that you feel useful to the Boys State Program:

**III. HEALTH INSURANCE INFORMATION**

Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Cert. # \_\_\_\_\_  
Employer \_\_\_\_\_ Group \_\_\_\_\_  
Plan Administrator \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Military ID # \_\_\_\_\_

**IV MEDICAL HISTORY**

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Medications you are currently taking  
\_\_\_\_\_  
Allergies To Medications or Other  
\_\_\_\_\_

Present Illnesses \_\_\_\_\_

Past Illnesses \_\_\_\_\_

Do you have any physical limitations that would limit any area of activity  
\_\_\_\_\_  
\_\_\_\_\_

The following information is requested in accordance with American Legion Policy.

V. For those who will be involved in a public way sharing or teaching as advisor or role model for American Legion Boys State youth:

A. Are you an American Legion member in good standing and able to participate fully in The American Legion Boy State Program?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

B. Have you been terminated from any service due to suspected child

Abuse, sexual abuse, or criminal activity? \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

VI. Have you ever had your volunteer or paid services terminated at the initiative of any other organization, school, agency or institution? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain  
\_\_\_\_\_

VII. As a further commitment to my individual involvement in the Department of Maryland Boys State Program,

I hereby agree to abide by the stated and voted upon position of the staff on two occasions, that the staff will abstain from the use of any alcoholic beverages during their attendance with the Program at Washington College in Chestertown, Maryland

Signature \_\_\_\_\_

If I feel I am unable to abide by this commitment, I will not attend the Program and will so advise Department Headquarters or the Boys State Director immediately so that a replacement may be nominated to fill my position.

The information I have given in this agreement is accurate. I will serve as a counselor to the best of my ability in accord with the policies and regulations of The American Legion, Department of Maryland, Inc.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_