



**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, Raymond E. Callegary, War Memorial Building, 101 N. Gay Street, Baltimore, Md. 21202. Please mark CONFIDENTIAL on the envelope.

I. PERSONAL INFORMATION

NAME: _____ SS# _____ DOB _____
 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 Western Maryland College in Westminster, 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 _____