



**2021 Lincoln Heritage Council  
SCOUTS BSA JOB SPECIFIC TRAINING  
Scoutmaster/Assistant Scoutmaster  
Troop Committee Chair/Troop Committee Member  
Merit Badge Counselor**

<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>Contact</u>
5/8/2021	8am to 3pm (ET)	Sam Swope Scout Center	Charlie Bunge -- <a href="mailto:chbungesr@aol.com">chbungesr@aol.com</a>
There will be a one hour break for lunch on your own			

**This training is intended for all Scouts BSA leaders to be able to complete your classroom trainings all in one setting. You will need to be a registered scouter to receive credit for the training.**

Upon completing this training you will have completed all of the Scouts BSA specific classroom trainings.

You will receive credit for S24-Scouts BSA Job Specific-Scoutmaster/Assistant Scoutmaster. You will still need to complete S11-Introduction to Outdoor Leader Skills (Overnight Campout Training). Also, you will need to complete the on-line module-SCO\_800 Hazardous Weather. Upon completion of these three trainings you will be considered trained for the position of Scoutmaster and Assistant Scoutmaster.

You will receive credit for D76-Merit Badge Counselor Orientation. Upon completion you will be considered a trained Merit Badge Counselor.

You will receive credit for WS10-Troop Committee Chairman/Troop Committee Member. Upon completion you will be considered a trained Troop Committee Chairman and a trained Troop Committee Member.

For information or questions, contact the Scout Service Center at (502) 361-2624 or [allan.morgan@scouting.org](mailto:allan.morgan@scouting.org). For additional training information, online registration, and refund policy visit [www.lhbsa.org](http://www.lhbsa.org). We will follow the Council/District refund policy listed on the Council

**Cost \$5:** Time will be provided to have lunch on your own.

**Mail to:** Lincoln Heritage Council – 12001 Sycamore Station Place, Louisville, KY 40299

**Make Checks Payable:** LHC BSA      **FAX Form Number:** 502-361-7899

**Cut off dates for Registration** will be set for 3 business days prior to training

**Name** \_\_\_\_\_ **Unit#** \_\_\_\_\_ **District** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**List your current registered position:** \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

CVC (Code on back of card): \_\_\_\_\_

6801-171-20

Due to Covid 19, there are only a limited number of seats available. To receive credit for this training you must attend the entire training. No credit will be given if you leave before the end of the training.

**Masks are required for all attending this training. Please complete and return the form at registration.**

Lincoln Heritage Council, BSA  
12001 Sycamore Station Place  
Louisville KY 40299

COVID Pre Screening form to be filled out by youth and adults attending council program activities.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Youth/ Adult: Circle one. Unit number \_\_\_\_\_ Date of prescreening: \_\_\_\_\_

Name of event you are attending: **Scouts BSA Job Specific Training** Location of Event: **Sam Swope Scout Center**

Answer these questions. Circle Y(Yes) or N(No)

1. Do you have any of these symptoms that are not caused by another condition?

- |  |     |
|--|-----|
| a. Fever or chills                             | Y/N |
| b. Cough                                       | Y/N |
| c. Shortness of breath or difficulty breathing | Y/N |
| d. Fatigue                                     | Y/N |
| e. Muscle or body aches                        | Y/N |
| f. Headache                                    | Y/N |
| g. Recent loss of taste or smell               | Y/N |
| h. Sore throat                                 | Y/N |
| i. Congestion                                  | Y/N |
| j. Nausea or vomiting                          | Y/N |
| k. Diarrhea                                    | Y/N |

2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).

Y/N

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

Y/N

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Y/N