2019 Charter Renewal Checklist
WESTERN MASSACHUSETTS COUNCIL, BSA
(When complete return this form to the Council Trading Post or District Recharter Turn in Event with fees and recharter print out the final copy from internet rechartering with signatures and other necessary forms)

DISTRICT _______ CREW TROOP PACK UNIT NUMBER _______
(CIRCLE ONE)

☐ Signed CRIMINAL BACKGROUND CHECK AUTHORIZATION Forms from National (mailed to all volunteers) for all Adult registered volunteers for each unit they are registered with

☐ ALL new and currently registered ADULT members of your unit MUST have completed the up-to-date version of Youth Protection Training

☐ Minimum of 5 youth members
   Contact Council if you have less than 5 youth and would like to discuss your options

☐ Correct Name for the Institutional Head

☐ Chartered Organization Representative
   If your unit has the same Chartered Organization as another unit, the Institutional Head and the Chartered Organization Representative must be the same for both units.

☐ Committee Chairman

☐ Two Committee Members (in addition to the Committee Chair)

☐ Den Leaders (for packs)

☐ Unit Leader (Scoutmaster/Cubmaster/Crew Advisor/Post Advisor)

☐ Sign into Internet Rechartering – enter updates/corrections- hit submit and PRINTOUT a copy (you may print a draft version to verify that everything is correct then you must sign in and hit submit for final copy) - obtain necessary signatures – bring this copy with the following documents to the Council Trading Post or a District Recharter Turn-in Event

☐ Obtain signature of Chartered Organization on the ANNUAL CHARTER AGREEMENT

☐ Completed and signed application(s) for new youth

☐ Applications submitted in Nov/Dec are not on online charter -- check with Registrar to verify they are on file

☐ Completed and signed application(s) for new adults

☐ Charter Renewal Fees – An adult or youth may be registered in more than one unit or at the district or council level. They only need to pay fees in one unit and are listed as a multiple in the other(s). Please verify with other unit(s) as to which unit is covering the fee.

☐ Special Assistance Forms (if applicable)

☐ Completed Journey to Excellence form

Unit Representative Name(print): ________________________________ Phone # __________________
Signature: ___________________________ E-mail: ___________________________
Council Representative signature: ___________________________ Date: ______________

Original filed in Trading Post – Make 3 copies: return one to unit, one to attach to Charter and one for the DE of the unit