

## **Ever Alert/Ever Safe Unit Enrollment**



Unit	District:
Chart	ering Organization:
	ur unit is enrolling in the Suffolk County Council Ever Alert/Ever Safe program to ensure our unit
m	e will use the Ever Alert/Ever Safe program so that applicable risks are identified, and appropriate easures are used to reduce risks in accordance with National Safe Scouting requirements.
	e will name a Unit Safety Champion to oversee unit program delivery activities to achieve the ission of the Boy Scouts of America.
	le will work toward being recognized as an Ever Alert/Ever Safe Unit in accordance with the llowing Ever Alert/Ever Safe Program Requirements:  Unit demonstrates the use of Safety Moments at meetings and events Unit has completed age-appropriate annual Youth on Youth abuse training.  At least one adult demonstrates completion of appropriate medical training based on type of unit. (Senior youth acceptable for Scouts BSA, Venturers, and Explorers/Learning for Life.)  Medically trained requirements by type of unit are:  Cub Scouts/Webelos Packs—First Aid (Not required for den meetings)  Scouts BSA Troops—Wilderness First Aid & CPR  Venturing/Sea Scouts Crews—First Aid & CPR (Wilderness First Aid for High Adventure Units)  Explorer/Learning for Life Posts—First Aid & CPR  A medical professional, EMT, or First Responder satisfies this requirement for all units.  Have an adult designated and trained as the Unit Safety Champion for unit meetings and event activities.  Demonstrate SAFE Checklist and Safety Toolkit use for meetings and events for at least 6 months Show reports of incidents and near misses that occurred at meetings/outings for at least 6 months.
Subm	itted:
Name	: Unit Position: (Committee Chair/Cubmaster/Scoutmaster/Advisor)
Date:	E-Mail: Phone:
Ever A	Alert/Ever Safe Recognition Requirements Completed:
Name	e: Council Position:

E-Mail: