

# APPENDIX A

## CONFIDENTIAL RECORD SHEET

REGISTRATION SERVICE  
BOY SCOUTS OF AMERICA

Date 9/11/90

Social Security Number [REDACTED]

Full name Charles C. Gibbs

(No initials if you can possibly get full name)

Address [REDACTED]

City Scottsboro State AL ZIP 35768

Date of birth June 2, 1946 (This is important and should be exact.)

Approximate age      (To be used ONLY when date of birth is not known.)

Religion Baptist Nationality Caucasian

Occupation Physician (Baby doctor)

Education Dr. Degree

Weight Approx 200 lbs Height 6 ft. Race     

Color of hair Brown (balding) Color of eyes Brown

Outstanding characteristics or interests Wears glasses

Married or single Married\* Children [REDACTED]

\*-Divorced once with second occurring now (Number, ages, and names, if possible)

Spouse's name [REDACTED]

Scouting connections:

Unit No.	City	State	Position	Date registered	Date resigned
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054008-Pack 20	Scottsboro	AL	CM	9/2/89	9/4/90
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101184-Pack 263	Scottsboro	AL	CR	2/28/90	9/4/90
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Special Recognition     

Suspended or denied registration for following reasons: Child abuse, sex abuse and attempted rape.

SPECIFY THE FACTS THAT LEAD YOU TO RECOMMEND DENIAL OF REGISTRATION, AND LIST ATTACHED SUPPORTING DOCUMENTS (STATE ONLY KNOWN FACTS, NOT RUMOR, CONJECTURE, OR SPECULATION):

CONFIDENTIAL NOTED

SEP 18 1990

OCT 18 1991

F. STARON

JOSEPH L. ANGLIM

Signed [Signature]

Scout Executive

Council Tennessee Valley

#559

READY FOR FILE

OCT 22 1991

A. GRAVES

October 25, 1991

Mr. John T. Gauldin  
Scout Executive  
Tennessee Valley Council, No. 659

PERSONAL AND CONFIDENTIAL

SUBJECT: CHARLES GIDDENS

Dear John:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Ineligible Volunteer File.

Sincerely,

Paul Ernst, Director  
Registration and Statistical Service

ab

cc: James Wilson, Southeast Region

CONF005844



BOY SCOUTS OF AMERICA

National Office  
1325 Walnut Hill Lane  
P.O. Box 152079, Irving, Texas 75015-2079  
214-580-2000

Q-10-91

September 5, 1991

Paul;

*Dr. Giddens was found guilty of Assault in the 3rd Degree, which is a misdemeanor, and is practicing medicine again.*  
*Josh Hankli*  
*S.F.*

Mr. John T. Gauldin  
Scout Executive  
Tennessee Valley Council, No. 659

PERSONAL AND CONFIDENTIAL

SUBJECT: CHARLES GIDDENS

Dear John:

We have not heard from you for quite sometime and wondered if the legal action had now been completed on Mr. Giddens. We certainly would like to have the outcome through newspaper clippings or court records in order to close our file.

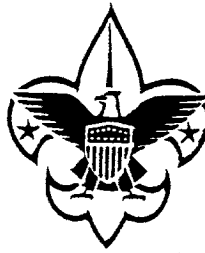
Thanks for your help.

Sincerely,

Paul Ernst, Director  
Registration and Statistical Service

bg

cc: James D. Wilson, Southeast Region



BOY SCOUTS OF AMERICA

National Office  
1325 West Walnut Hill Lane  
P.O. Box 152079, Irving, Texas 75015-2079  
214-580-2000

March 1, 1991

Mr. John T. Gauldin  
Scout Executive  
Tennessee Valley Council, No. 659

PERSONAL AND CONFIDENTIAL

SUBJECT: CHARLES GIDDENS

Dear John:

Periodically, I follow-up on all of my files which have not been completed. We do not have the outcome of the legal action concerning Dr. Giddens.

Please send me newspaper clippings, court records, or other materials, if the legal action has now gone through its entire course.

Thanks for you help.

Sincerely,

Paul Ernst, Director  
Registration and Statistical Service

bg

cc: James D. Wilson, Southeast Region

Paul;  
Dr. Giddens was arrested by the police  
County Grand Jury, but has not come to trial  
Ash Gould  
3-4-91

CONF005846

September 20, 1990

Mr. John T. Gauldin  
Scout Executive  
Tennessee Valley Council, No. 659.

PERSONAL AND CONFIDENTIAL

SUBJECT: CHARLES GIDDENS

Dear John:

Thanks for all the material you recently sent concerning the above named individual. This is most helpful as we build a file which will enable us to refuse registration in the future.

We will want to have the outcome of the legal action once it has been completed. Newspaper clippings, court records, or other material which would substantiate the outcome would be most helpful for our file.

Thanks for your help.

Sincerely,

Paul Ernst, Director  
Registration and Statistical Service

ag

cc: Southeast Region

READY TO FILE  
SEP 21 1990  
ERIN O'RILEY

CONF005847



BOY SCOUTS OF AMERICA

TENNESSEE VALLEY COUNCIL  
2211 Drake Avenue, S.W.  
Huntsville, AL 35805  
(205) 883-7071

September 11, 1990

Mr. Paul Ernst  
Director, Registration Service  
National Office  
Boy Scouts of America  
P O Box 152079  
Irving, TX 75015-2079

Dear Paul:

I resorted to sending Dr. Giddens a registered, receipt requested letter after numerous attempts were made to locate him.

On the advice of Judge Ralph Grider, our Council Vice-President who lives in Scottsboro, Alabama, we chose this method because of the inability to locate the doctor.

Enclosed is all the material we have compiled on him.

Sincerely,

*John T. Gauldin, Jr.*

John T. Gauldin, Jr.  
Scout Executive

JTGJr/jh

CC: Jim Wilson

*Added IV file  
deleted from reg file  
9/18/90  
cmw*



PARTICIPATING AGENCIES OF THE FOLLOWING UNITED FUNDS:

MORGAN, MADISON, LAWRENCE, CULLMAN, COLBERT, JACKSON, FRANKLIN, LIMESTONE AND LAUDERDALE

CONF005848

# Local doctor indicted

By LARRY DUNCAN  
Sentinel Staff

Scotsboro physician Charles Giddens reported to the Jackson County Jail Friday to be booked on four sex related charges under an indictment returned this week by the Jackson County Grand Jury.

Giddens was booked on two counts of first degree sexual abuse, one count of enticing a child to enter a vehicle, etc. for immoral purposes and one count of first degree attempted rape.

The grand jury indictment charges Giddens with subjecting two juveniles "to sexual contact" in violation of Section 13A-6-66 of the Alabama Criminal Code.

Count three of the indictment charged him with unlawfully enticing a child under the age of 16 "to enter a vehicle, room, house, office, or other place, to-wit: a bedroom, for the purpose of proposing to such child the performance of an act of sexual intercourse, or an act which constitutes the offense of sodomy."

The rape charge stemmed from an alleged incident in which the indictment claimed Giddens attempted to engage in sexual intercourse with a victim under the age of twelve years.

After being booked into the county jail, Giddens was released on \$5,000 bond.

# MULTI APPLICATION

Check one  
 Pack No. 263  
 Troop No. \_\_\_\_\_  
 Team No. \_\_\_\_\_  
 Post No. \_\_\_\_\_  
 Ship No. \_\_\_\_\_

Council/District position  
 \_\_\_\_\_  
 District name  
 \_\_\_\_\_

Please print one letter in each space—press hard; you are making four copies.

First and initial \_\_\_\_\_ Last name  
Charles Giddens

Social Security number (optional)  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address—street or R.F.D. \_\_\_\_\_ Additional address information (if necessary) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
SICHTS BORO AJ 44357681

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Training (see cover)  Position Code (see cover) CR

Occupation, employer, and business address \_\_\_\_\_  
 New leader  Transfer  Former leader   
 Sex M U. S. citizen Yes  No

Driver's license No. \_\_\_\_\_ State AJ Expiration \_\_\_\_\_

1. Scouting background  
 Position NA Council \_\_\_\_\_ Year \_\_\_\_\_

2. Experience working with youth in other organizations?  
Church

3. Previous residences (for last 5 years)  
 City \_\_\_\_\_ State \_\_\_\_\_

4. Current memberships (religious, community, business, labor, or professional organizations)  
 \_\_\_\_\_

5. References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name \_\_\_\_\_  
 Name \_\_\_\_\_  
 Name \_\_\_\_\_

8. Additional information.  
 a. Do you use illegal drugs? Yes  No   
 b. Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes  No   
 c. Have you ever been charged with child neglect or abuse? Yes  No   
 d. Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes  No   
 e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) Yes  No

I understand that:  
 a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.  
 b. In signing this application, I affirm that the information I have given is true and correct.  
X Charles Giddens  
 Signature of applicant \_\_\_\_\_ date \_\_\_\_\_

APPROVALS FOR UNIT SCOUTERS  
 To the best of our knowledge, this applicant meets the leadership standards of the Boy Scouts of America:  
Charles Giddens CR  
 Date 2/28/90  
Betty Coleman CC  
 Date 2/28/90  
Off Chandler  
 Signature of chartered organization head or chartered organization representative  
 Date 2/28/90

APPROVAL FOR COUNCIL/DISTRICT SCOUTERS  
 To the best of my knowledge, this applicant meets the leadership standards of the Boy Scouts of America:  
 \_\_\_\_\_  
 Signature of Scout executive or designee  
 Date \_\_\_\_\_

Registration fee \$ 7 00 Boys' Life fee \$ \_\_\_\_\_ Term (months) 12 Unit renewal date 12 90  
 Month Year  
 If applicant has an unexpired membership certificate, registration may be accomplished by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.

FOR COUNCIL USE  
 Transfer from:  
 Council \_\_\_\_\_ Nat'l unit No. \_\_\_\_\_ Member ID No. \_\_\_\_\_



# ADULT APPLICATION

**UNIT SCOUTERS**

Check one

Pack No. 20

Troop No. \_\_\_\_\_

Team No. \_\_\_\_\_

Post No. \_\_\_\_\_

Ship No. \_\_\_\_\_

**COUNCIL/DISTRICT SCOUTERS**

Council/District position \_\_\_\_\_

District name \_\_\_\_\_

Print one letter in each space—press hard; you are making four copies.

First name and initial: Charles Last name: Giddens

Social Security number (optional) \_\_\_\_\_

Address—street or R.F.D. \_\_\_\_\_ Additional address information (if necessary) \_\_\_\_\_

City: Scottsboro State: AL ZIP code: 35768

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Date of birth: 06/02/46 Training (see cover)  Position Code (see cover) CM

Occupation, employer, and business address: Physician Women's Clinic Scottsboro, AL

Years at this employment: 08 Boys' Life  New leader  Transfer  Former leader  Sex: M U.S. citizen:  Driver's license: \_\_\_\_\_ State: Alabama Expiration: 06-30-92

1. Scouting background

Position	Council	Year

2. Experience working with youth in other organizations?

Yes; Youth Camp Assit 2 yrs

3. Previous residences (for last 5 years).

City	State
<u>Scottsboro</u>	<u>AL</u>

4. Current memberships (religious, community, business, labor).

\_\_\_\_\_

5. References. Please list those who are familiar with your character as it relates to working with youth. References will be \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

5. Additional information.

a. Do you use illegal drugs? Yes  No

b. Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes  No

c. Have you ever been charged with child neglect or abuse? Yes  No

d. Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes  No

e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) Yes  No

I understand that:

a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.

b. In signing this application, I affirm that the information I have given is true and correct.

X Charles F Giddens MD date 8-24-89

Signature of applicant

**APPROVALS FOR UNIT SCOUTERS**

To the best of our knowledge, this applicant meets the leadership standards of the Boy Scouts of America:

Linda Johnson Signature of unit committee chairman Date 8/29/89

Linda Johnson Signature of chartered organization head or chartered organization representative Date 8/29/89

[Signature] Signature of Scout executive or designee Date 9/2/89

**APPROVAL FOR COUNCIL/DISTRICT SCOUTERS**

To the best of my knowledge, this applicant meets the leadership standards of the Boy Scouts of America:

\_\_\_\_\_  
Signature of Scout executive or designee

Date \_\_\_\_\_

Registration fee: 40 Boys' Life fee: \$    Term (months) 04 Unit renewal date: 11289 (Month Year)

If applicant has an unexpired membership certificate, registration may be accomplished by paying \$1 for processing the transfer. Check the box and attach certificate, it will be returned by the council.

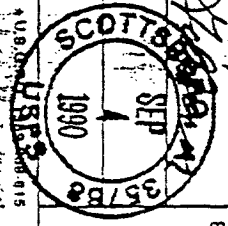
**FOR COUNCIL USE**

Transfer from: Council:    Nat'l unit No.:    Member ID No.:

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery for additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
 1.  Show to whom delivered, date, and addressee's address.  Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Dr. Charles Giddins</i> [Redacted]	4. Article Number
5. Zip Code <i>35706</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>X</i>	

PS Form 3811, Apr. 1989  
 U.S. POSTAL SERVICE  
 35/B





## BOY SCOUTS OF AMERICA

TENNESSEE VALLEY COUNCIL  
1111 Drake Avenue, S.W.  
Huntsville, AL 35805  
(205) 583-7071

August 30, 1990

Mr. Charles Giddens

[REDACTED]  
Scottsboro Alabama 35768

Dear Mr. Charles Giddens:

After careful review, we have decided that your registration with the Boy Scouts of America should be suspended. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America. A refund of your registration fee is enclosed.

You should understand that BSA membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to refuse registration whenever there is a concern that an individual may not meet the high standards of membership which the BSA seeks to provide for American youth.

If you wish to have this decision reviewed by a BSA regional review committee, please write to the regional director within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a BSA member should be reinstated. The procedures for a review of this decision are attached.

Sincerely Yours,

John T. Gauldin, Jr.  
Scout Executive

JTGJr/mk

Enclosure



PARTICIPATING AGENCIES OF THE FOLLOWING LISTED FUNDS  
MORGAN MANSION, LAWRENCE, CULMAN, COLEBE, JACKSON, FRANKLIN, LIMESTONE AND LAUDERDALE

CONF005853

ATTACHMENT TO LETTER  
TO Charles Giddens

August 30, 1990

The following information is provided should you desire a review by the Southeast Region, BSA, of the decision to deny your registration:

1. Within 60 days, you must request in writing a review of this decision. Your request should be sent to the Regional Director, Southeast Region, BSA, P.O. Box 440723, 50 Chastain Center Blvd., Chastain Center, Kennesaw, Ga 30144. In your request you may include your version of what occurred in support of your claim that your registration should not have been suspended.
2. Upon the receipt of your written request, a committee will be appointed to review the situation.
3. You may attend the review hearing, but it is not adversarial in nature and neither the committee nor you will be represented by legal counsel. If you wish, you may be accompanied by no more than two other individuals if their testimony might assist the committee in discovering the truth and arriving at a correct decision.
4. The committee will review the facts as presented, and may interview any persons whose testimony might assist them in arriving at a correct decision.
5. You will receive a letter setting forth the decision of the committee.
6. If you disagree with the decision of the committee you may request a review of this decision by the National Council of the Boy Scouts of America.

TENNESSEE VALLEY COUNCIL INC.  
OPERATING ACCOUNT  
BOY SCOUTS OF AMERICA  
2211 DRAKE AVENUE  
HUNTSVILLE, ALABAMA 35805

CENTRAL BANK  
OF THE SOUTH  
HUNTSVILLE, ALABAMA. 61-73622

14003

8-30 19 90

PAY: Two dollars and 40/100 DOLLARS \$\*2.40

TO  
THE  
ORDER  
OF

Dr. Charles Giddens

NON-NEGOTIABLE

⑆062200783⑆ 045 6475 0⑆

TENN. VALLEY COUNCIL INC. HUNTSVILLE, AL

DATE	DESCRIPTION	AMOUNT
8-30-90	1-2381-000-00 Registration-Refund #1-3020	2.40

DETACH AND RETAIN THIS STATEMENT

The attached check is in payment of items described above. If not correct please notify us promptly.