

# APPENDIX A

## CONFIDENTIAL RECORD SHEET REGISTRATION SERVICE BOY SCOUTS OF AMERICA

members should be  
w the correct proce-  
on Service (S108 at  
l to the director of

Date 12-9-88

Social Security Number [REDACTED]

Full name Mark A. Swanson  
(No initials if you can possibly get full names)

Address [REDACTED]

City Shelley State Idaho ZIP 83274

Date of birth Nov 19, 1954 (This is important and should be exact.)

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

Religion L.D.S. Nationality American

Occupation Employee at Valley Care Center in Idaho Falls, ID

Education \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Race \_\_\_\_\_

Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_

Outstanding characteristics or interests \_\_\_\_\_

Married or single Married Children [REDACTED]  
(Number, ages, and names, if possible)

Spouse's name \_\_\_\_\_

### Scouting connections:

Unit No.	City	State	Position	Date registered	Date resigned
<u>P 192</u>	<u>Shelley</u>	<u>ID</u>	<u>CM</u>	<u>Denied</u>	<u>Registration</u>

Special Recognition \_\_\_\_\_

Suspended or denied registration for following reasons: Previous child abuse felony conviction.

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):

Signed Scott W. Johnson  
Scout Executive

Council Teton Peaks Council

CONFIDENTIAL

DEC 13 1988

F. STARON

DEC 29 '88

JOSEPH J. ANGLIA

January 3, 1988<sup>89</sup>

Mr. Scott W. Johnson  
Scout Executive  
Teton Peaks Council, No. 107

PERSONAL AND CONFIDENTIAL

SUBJECT: Mark A. Swanson

Dear Scott:

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 Confidential File.

Sincerely,

Paul Ernst, Director  
Registration Service

eko

cc: Western Region

READY TO FILE  
JAN 03 1989  
ERIN QRILEY

CONF027760



TETON PEAKS COUNCIL • BOY SCOUTS OF AMERICA  
574 4th Street • Idaho Falls, Idaho 83401 • (208) 522-5155

December 2, 1988

Bishop Darwin Matthews

[REDACTED]  
Shelley, Idaho 83274

Dear Bishop Matthews:

Based on the B.S.A. Adult Application form submitted for Mark A. Swanson, he is not eligible for a position in the Boy Scouts of America. There is a review process available if he wishes to initiate it. He can do so by notifying me directly, in writing, of his desire.

Since you approved the Application and the Application was submitted to the Teton Peaks Council by your organization, I would prefer that you inform Mr. Swanson of this decision. However, if you prefer, I will inform him directly of our determination. Please let me know. Thank you.

Sincerely,

Scott Johnson  
Scout Executive

SJ/tw

*Added to CF file  
12/13/88  
cm*



A United Way Agency

BOY SCOUTS OF AMERICA

# ADULT APPLICATION

PART ONE

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

First name and initial: MARKA      Last name: SLOANSON

Social Security number: [REDACTED]

Address—street or R.F.D.: [REDACTED]

Additional address information (if necessary): [REDACTED]

City: SHELLEY      State: ID83274      ZIP code: [REDACTED]

Home phone: [REDACTED]      Business phone: [REDACTED]

Date of birth: 111954      Month: 1      Day: 1      Year: 54

Training—see cover: [REDACTED]      Position Code: CM

Personal employment—occupation, employer, and business address: [REDACTED]

Years at this employment: 03

Previous employment—occupation, employer, and business address: U.S. NAVY  
29 PALMS CA.

Years at this employment: 11

Boys' Life:       Check one:  New leader       Former leader

Sex:  M       F      Marital status:  M       S      Number of children: 2

Ages of children: 9      7

Personal signature—see back cover: [Signature]      Date: 6Nov88

Registration fee: \$ 7 . 0 0

Boys' Life fee: \$ [REDACTED] . [REDACTED] [REDACTED]

Term (months): [REDACTED] [REDACTED]

Unit renewal date: 1 / 2 / 8 / 8      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.

UNIT SCOUTERS

Check one:  Pack No. 192  
 Troop No. [REDACTED]  
 Team No. [REDACTED]  
 Post No. [REDACTED]  
 Ship No. [REDACTED]

COUNCIL/DISTRICT SCOUTERS

Council/district position: [REDACTED]  
District No. [REDACTED]

Approval—see back cover (sign here and in Part Two)

FOR COUNCIL USE

Transfer from: [REDACTED] Council: [REDACTED]

Nat'l unit No. [REDACTED]      Member ID No. [REDACTED]

ADULT APPLICATION PART TWO

BOY SCOUTS OF AMERICA

Name Mark A. Swanson

Driver's license No. [redacted]

State Idaho Expiration Nov 91

1. Previous Scouting background (for last 5 years)  
Position \_\_\_\_\_ Council \_\_\_\_\_ Year \_\_\_\_\_

5. Education or special training

\_\_\_\_ [ ] Elementary  High school  College  Advanced degree(s)

6. Health limitations or special considerations

None

Name Marjorie Killian

Address [redacted]

City/zip Shelley Id 83274

Relationship Friend Phone [redacted]

Name Eliad Eckrell

Address [redacted]

City/zip Shelley Id 83274

Relationship Friend Phone [redacted]

Carefully read the following statement before signing.

I, the undersigned, understand that:

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

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

7. History of legal involvement

a. Are you free of illegal substance abuse?

Yes  No

b. Have you ever been convicted of criminal offenses? (If yes, please explain)

Yes  No

c. Have you ever been arrested or convicted for the use or sale of drugs?

Yes  No

d. Have you ever been hospitalized or treated for alcohol or substance abuse?

Yes  No

e. Have you ever been arrested or convicted of child neglect or abuse?

Yes  No

f. Has your driver's license ever been suspended or revoked?

Yes  No

9. Other than the above matters, 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?

Yes  No

8. References: Please list those who are familiar with your character as it relates to working with youth.

Name Darwin Matthews

Address [redacted]

City/zip Shelley Id 83274

Relationship Bishop Phone [redacted]

Reviewed and approved by:

Mark Swanson 4 Nov 88

Darwin A. Matthews 9-Nov-1988

Approval - see back cover (sign here and in part one)

CHARTERED ORGANIZATION COPY

December 9, 1988

Mr. Scott W. Johnson  
Scout Executive  
Teton Peaks Council, No. 107

PERSONAL AND CONFIDENTIAL

SUBJECT: Mark A. Swanson

Dear Scott:

I have been asked to respond to your letter to David Park concerning the above named individual. The material which you sent has been carefully reviewed.

At the present time, we will not accept the application for Mr. Swanson. We feel that the previous felony conviction indicated that he is not a good risk as a leader with the Boy Scouts of America.

Mr. Swanson can request a review which should be scheduled, if all the proper material is submitted.

Please call if you have any questions.

Sincerely,

Paul Ernst, Director  
Registration Service

ag

cc: Boyd Ivie, Area Director, Western Region  
Western Region  
David Park, S408

READY TO FILE

DEC 12 1988

ERIN ORILEY



RECEIVED  
DEC 5 1988  
DAVID K PARK

TETON PEAKS COUNCIL • BOY SCOUTS OF AMERICA  
574 4th Street • Idaho Falls, Idaho 83401 • (208) 522-5155

December 2, 1988

Mr. David K. Park  
Legal Counsel, S400  
Boy Scouts of America  
1325 Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079

Dear Dave:

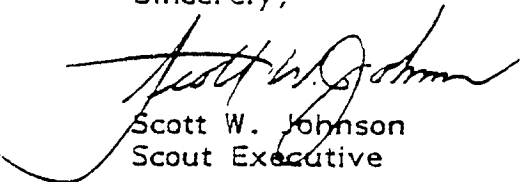
On November 17, in your absence, I was referred to Mr. Moranville regarding a question we had as to actions on an adult leader application (copy enclosed). The call was made at the suggestion of Boyd Ivie, my Area Director.

Mr. Moranville directed me to tell the organization head that this individual (Mr. Swanson) is not suited for a position in the B.S.A. based on his application. I was to let the organization head know that there was a review process if the individual involved chose to initiate it.

I have informed the organization head of our position but since he has now indicated that there will be a desire to have the decision reviewed, our Legal Counsel and I have decided to put it in writing.

The purpose of this correspondence is to ask that you provide Mr. Moranville's directions, or the B.S.A.'s position regarding Mr. Swanson's application, to us in writing for our records. Our Legal Counsel has asked that I make this request. Thank you.

Sincerely,

  
Scott W. Johnson  
Scout Executive

CC: Boyd Ivie, Area Director

SJ/tw



A United Way Agency

CONF027765

BOY SCOUTS OF AMERICA

# ADULT APPLICATION PART ONE

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

First name and initial

M A

Last name

S W A N S O N

Address—street or R.F.D.

[Redacted]

Additional address information (if necessary)

[Redacted]

City

Shelley

State

Id

ZIP code

83274-

Home phone

[Redacted]

Business phone

[Redacted]

Date of birth

11/19/54

Training—see cover

Position Code

CM

Address

[Redacted] Falls Id 83901

Years at this employment

03

Previous employment—occupation, employer, and business address

U.S. NAVY

Years at this employment

11

Boys' Life

Check one:

New leader

Former leader

Marital status

M

Number of children

2

Ages of children

9 7

Unit renewal date

12/88

Registration fee

\$ 7.00

Boys' Life fee

\$

Term (months)

Month

12

Year

88

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.

Personal signature—see back cover

[Signature]

Date

6 Nov 88

Transfer from:

[Redacted]

Council

Nat'l unit No.

Member ID No.

Approval—see back cover (sign here and in part two)

FOR COUNCIL USE

*Not - 11-14  
Bishop McElhenny  
is recommending this  
man for a scout  
leader position. He  
feels he is completely  
rehabilitated.  
Not ranked  
Karl W.*

### UNIT SCOUTERS

Check one

Pack No. 192  
 Troop No.  
 Team No.  
 Post No.  
 Ship No.

Social Security

[Redacted]



ADU APPLICATION PART TWO

BOY SCOUTS OF AMERICA

Name Mark A Swanson  
Driver's license No. [redacted]  
State Idaho Expiration Nov 91

Name Margaret Killian  
Address [redacted]  
City/ZIP Shelley Id 83274  
Relationship Friend Phone [redacted]

1. Previous Scouting background (for last 5 years)  
Position \_\_\_\_\_ Council \_\_\_\_\_ Year \_\_\_\_\_

Name Elise Fackell  
Address [redacted]  
City/ZIP Shelley Id 83274  
Relationship Friend Phone [redacted]

2. Previous experience. What other experience, if any, have you had that may assist you in working with youth?  
As a volunteer Hospital Corporation U.S. Navy  
In your work or profession Medical Background

7. History of legal involvement

- a. Are you free of illegal substance abuse? Yes  No
- b. Have you ever been convicted of criminal offense? (if yes, please explain) Yes  No  (None)
- c. Have you ever been arrested or convicted for the use or sale of drugs? Yes  No
- d. Have you ever been hospitalized or treated for alcohol or substance abuse? Yes  No
- e. Have you ever been arrested or convicted of child neglect or abuse? Yes  No
- f. Has your driver's license ever been suspended or revoked? Yes  No

g. Other than the above matters, 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? Yes  No  (FELONY INVOLVED CHILD MOLESTATION)

8. References. Please list those who are familiar with your character as it relates to working with youth.

Name Darwin Markers  
Address [redacted]  
City/ZIP Shelley Id 83274 Phone [redacted]  
Relationship Bishop

4. Current memberships (religious, community, youth, business, or professional organization)  
L.P.S. Pharmacy Tech Association

Carefully read the following statement before signing.

- 1. I, the undersigned, understand that:
- a. The information that I have provided may be verified by contacting persons or organizations named in this application and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the Boy Scouts of America or local council thereof.
- b. In signing this application, I swear or affirm that the information that I have given herein is true and correct.

[Signature] Date 6/1/88  
Reviewed and approved by:

[Signature] Date 9 - April 1988  
Approval - see back cover (sign both and in part one)

Date \_\_\_\_\_  
and executing official on \_\_\_\_\_



TETON PEAKS COUNCIL • BOY SCOUTS OF AMERICA  
574 4th Street • Idaho Falls, Idaho 83401 • (208) 522-5155

December 2, 1988

Bishop Darwin Matthews  
[REDACTED]

Shelley, Idaho 83274

Dear Bishop Matthews:

Based on the B.S.A. Adult Application form submitted for Mark A. Swanson, he is not eligible for a position in the Boy Scouts of America. There is a review process available if he wishes to initiate it. He can do so by notifying me directly, in writing, of his desire.

Since you approved the Application and the Application was submitted to the Teton Peaks Council by your organization, I would prefer that you inform Mr. Swanson of this decision. However, if you prefer, I will inform him directly of our determination. Please let me know. Thank you.

Sincerely,

  
Scott Johnson  
Scout Executive

SJ/tw



A United Way Agency

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