

INELIGIBLE VOLUNTEER RECORD SHEET  
REGISTRATION SERVICE  
BOY SCOUTS OF AMERICA

Council Name West Central Florida Council

Full Name Richard J. Jessop

Social Security Number [REDACTED]

Address [REDACTED]

City St. Petersburg State FL zip 33714

Date of Birth 7/30/59

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

Religion \_\_\_\_\_ Nationality U.S.

Occupation Disabled Education \_\_\_\_\_

Weight 165 Height 5'11" Race White

Color of hair Blond Color of eyes Green/Blue

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

Married or single? Married Children 1  
(Number, ages, & names if possible)

Spouse's name [REDACTED]

Scouting connections:

Chartered Organization Clearview United Methodist Church

Unit No. 3334 City St. Petersburg State FL

Position Cubmaster Date registered 9/91 Date resigned 10/1/91

Special recognition Tattoos on both arms

Suspended or denied registration for following reasons: Felon, served 8 years of 21 year sentence sexual assault on a minor.

Signed *William A. Pelham*  
Scout Executive

Council West Central Florida # 89

CONFIDENTIAL

NOV 25 1991

NOV 25 1991

F. STARON

November 27, 1991

Mr. William A. Robinson  
Scout Executive  
West Central Florida Council, No. 89

PERSONAL AND CONFIDENTIAL

SUBJECT: RICHARD J. JESSOP

Dear Bill:

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

eko

cc: James O. Wilson, Southeast Region

REMOVED FROM FILE  
NOV 27 1991  
ERIN O'RILEY

CONF026374

BOY SCOUTS OF AMERICA

# ADULT APPLICATION

The information obtained in this form is for the internal use of BSA only.

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

**UNIT SCOUTERS**

Check one

Pack No. \_\_\_\_\_

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

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

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

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

**COUNCIL/DISTRICT/DIVISION SCOUTERS**

Council/District/Division position

\_\_\_\_\_

District name

\_\_\_\_\_

OR

First name and initial: RICHARD J Last name: JESSOP Social Security number (optional): \_\_\_\_\_

Address—street or R.F.D.: \_\_\_\_\_ Additional address information (if necessary): 33714

City: ST PETERSBURG State: FL ZIP code: 33714

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Date of birth: 07 / 30 / 59 Training (see cover):  Position Code (see cover): CM

Occupation, employer, and business address: DISABLED Years at this employment: 12 Sex: M U.S. citizen:  Are you an Eagle Scout?:

Driver's license No. \_\_\_\_\_ State: FLORIDA Expiration: 7-30-97

1. Scouting background

Position	Council	Year
_____	_____	_____

2. Experience working with youth in other organizations?

\_\_\_\_\_

3. Previous residences (for last 5 years).

City	State
<u>ST. PETERSBURG</u>	<u>FL</u>

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 \_\_\_\_\_

6. 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 Richard Jessop 9-12-91  
Signature of applicant date

**APPROVALS FOR UNIT SCOUTERS**

We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America:

Signature of unit committee chairman \_\_\_\_\_

Date \_\_\_\_\_

Signature of chartered organization head or chartered organization representative \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION SCOUTERS**

We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America:

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

Date \_\_\_\_\_

Registration fee \$ <input type="text"/> <input type="text"/> <input type="text"/>	Boys' Life fee \$ <input type="text"/> <input type="text"/> <input type="text"/>	Term (months) <input type="text"/> <input type="text"/>	Unit renewal date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<input type="checkbox"/> 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.			

Transfer from:

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Council	Nat'l unit No.	Member ID No.
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Occupation code	Employer code



Pinellas Area Council of Boy Scouts of America, Inc. D.B.A.  
**WEST CENTRAL FLORIDA COUNCIL**  
Boy Scouts of America

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October 21, 1991

Mr. Richard Jessop



St. Petersburg, FL 33714

Dear Mr. Jessop:

After careful review, we have decided that your registration with the Boy Scouts of America should be rescinded. 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,

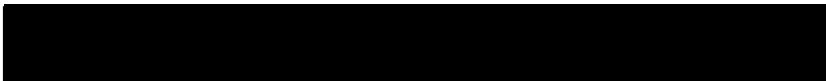
*William A. Robinson*

William A. Robinson  
Scout Executive

WAR:ss

*Added to IOW file  
Not on neg file  
Not on NESA file  
11/25/91  
cmw*

\*\* NEW ADDRESS:



United Way

SERVING THE YOUTH OF PINELLAS AND WEST PASCO COUNTIES

CONF026376