

INELIGIBLE VOLUNTEER RECORD SHEET
REGISTRATION SERVICE
BOY SCOUTS OF AMERICA

DATE: October 24, 1991

FULL NAME Walter L. Walker
(No initials if you can possibly get full name)

S.S. NO. [REDACTED]

ADDRESS [REDACTED]

CITY Webb City STATE Missouri ZIP CODE 64870

DATE OF BIRTH 01-27-34 (This is important and should be exact)

APPROXIMATE AGE _____ (To be used ONLY when date of birth is not known)

RELIGION LDS NATIONALITY (Citizen of) United States

OCCUPATION General Contractor

EDUCATION _____

WEIGHT 160 lbs HEIGHT 6 ft Approx. RACE White

COLOR OF HAIR Brown COLOR OF EYES _____

DISTINGUISHING PHYSICAL CHARACTERISTICS _____

HOBBIES OR SPECIAL INTERESTS Member of Church of Jesus Christ of Latter Day Saints
~~_____~~

MARRIED SINGLE NAME OF SPOUSE _____

CHILDREN _____
(Name, number, ages, if possible)

SCOUTING CONNECTIONS:

<u>UNIT #</u>	<u>CITY</u>	<u>STATE</u>	<u>POSITION</u>	<u>DATE REGISTERED</u>	<u>DATE RESIGNED</u>
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Chartered Organization See Attached Copy
First Presbyterian Church Webb City, Mo.

SPECIAL RECOGNITIONS _____

Check off list of attached documentation

1. Description of incident
2. Victim(s) statement
3. media reports
4. Legal proceedings
5. Offender's statement
6. Official notification of termination
7. Found guilty/innocent by court

CONFIDENTIAL

NOV 21 1991

Council Mo-Kan Area Council

Signed _____

SCOUT EXECUTIVE

F. STARON



o-kan area council 306
boy scouts of america



Paul,

The attached letter have been sent, Ceritfied
Mail to the individuals. Jerry said you should
have a copy.

Wanda Harrold
Registrar

FINANCIALLY SUPPORTED BY FRIENDS OF SCOUTING, SUSTAINING MEMBERSHIPS, AND THE UNITED WAYS TO
SERVE THE YOUTH OF CHEROKEE, CRAWFORD, SCURBON COUNTIES IN KANSAS AND BARTON, JASPER,
NEWTON, McDONALD AND VERNON COUNTIES IN MISSOURI





BOY SCOUTS OF AMERICA

Mo-Kan Area Council #306
[REDACTED]

Joplin, MO 64801-5034
[REDACTED]

November 18, 1991

Mr. Walter L. Walker
[REDACTED]

Webb City, MO 64870

Dear Mr. Walker,

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

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 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,

Gerald E. Dehoney
Scout Executive
Mo-Kan Area Council
Boy Scouts of America



November 27, 1991

Mr. Gerald E. Dehoney
Scout Executive
Mo-Kan Area Council, No. 306

PERSONAL AND CONFIDENTIAL

SUBJECT: WALTER L. WALKER

Dear Jerry:

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

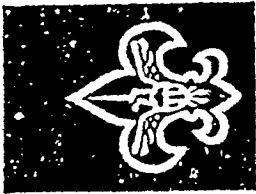
cc: Gerald R. Ulrich, North Central Region

READY FOR FILE

DEC 02 1991

ERIN O'RILEY

CONF025333



SCOUTING/USA

mo-kan area council 306
boy scouts of america



Some correction have been made to the
attached form.

Wanda Harrold
Registrar



UNIT		MULTIPLE REG. POSITION		REG. DATE	DATE EXPIRED
T4	SM			2/72	1/73
P4	AA	T4	MC	12/79	8/74
P04	EA			9/73	8/74
P01	EA			9/74	8/75
P01	EA			9/75	8/76
P04	CC			10/76	9/77
T4	MC			2/80	1/81
T95	MC			10/80	7/81

HOME ADDRESS _____
 BUS. ADDRESS _____
 PHONE: HOME _____ BUS. _____
 AGE _____ BIRTH DATE _____
 OCCUPATION _____
 EDUCATION _____
 OTHER ORGANIZATIONS _____
 SCOUT _____
 SCOUTER _____
 AWARDS _____
 10yr Vet 7/72.

No. 4105 INDIVIDUAL TRAINING RECORD CARD 55M770

NAME W. L. Walker Jr CITY Joplin DISTRICT 2

UNIT		MULTIPLE REG. POSITION		REG. DATE	DATE EXPIRED
P04	CPCC			8/61	1/62
P04	CPCC			1/62	1/63
P04	CPCC			1/63	1/64
T4	ASM			1/64	1/65
T4	ASM			1/65	1/66
P04	BC			1/66	1/67
T4	MC			1/68	1/69
T4	MC			2/69	1/70
T4	MC			2/70	1/71
T4	SA			9/71	1/72
T4	SM			12/71	1/72

HOME ADDRESS _____
 BUS. ADDRESS _____
 PHONE: HOME _____ BUS. _____
 AGE 27 BIRTH DATE _____
 OCCUPATION _____
 EDUCATION _____
 OTHER ORGANIZATIONS _____
 SCOUT _____
 SCOUTER _____
 AWARDS _____

No. 4105 INDIVIDUAL TRAINING RECORD CARD 75M-10160 Printing

NAME Walter L. Walker, Jr CITY Joplin DISTRICT 1

UNIT		MULTIPLE REG. POSITION		REG. DATE	DATE EXPIRED
T4	MC			2/80	1/81
T4	MC			2/81	1/82
T4	MC			2/82	1/83

HOME ADDRESS 4019 Conn.
 BUS. ADDRESS _____
 PHONE: HOME _____ BUS. _____
 AGE 45 BIRTH DATE 1/27/34
 OCCUPATION _____
 EDUCATION _____
 OTHER ORGANIZATIONS _____
 SCOUT _____

October 11, 1991

Co. 306

OCT 11 1991

Mr. Gerald E. Dehoney
Scout Executive
Mo-Kan Area Council, No. 306

A. CR

PERSONAL AND CONFIDENTIAL

SUBJECT: WALTER L. WALKER

Dear Jerry:

Thanks for the copy of the adult application for Mr. Walker. This information certainly is such that we should refuse registration for Mr. Walker. We, therefore, will establish a file, so that this individual cannot be registered in the future.

Enclosed is an Ineligible Volunteer Record Sheet. Please complete this, so that we are able to identify Mr. Walker should he attempt registration in some other location.

Thanks for your help in this matter.

Sincerely,

Paul Ernst, Director
Registration and Statistical Service

ab

cc: Gerald R. Ulrich, North Central Region

CONF025336



BOY SCOUTS OF AMERICA

Handwritten initials or marks

Mo-Kan Area Council
[Redacted]

Joplin, MO 64801-5034
[Redacted]

October 7, 1991

Mr. Paul Ernst, Director
Registration and Statistical Service
[Redacted]
Irving, TX 75015-2079

Paul,

I have enclosed a copy of Walt Walker's application which we have not processed.

I understand that you have indicated in your last telephone conversation with Wanda Harrold who is our registrar that he should be listed on the confidential list.

I agree with your recommendation and would like for that process to take place.

Sincerely,

Jerry Dehoney
Scout Executive
Mo-Kan Area Council

Handwritten: 11/2/91
[Redacted]



BOY SCOUTS OF AMERICA ADULT APPLICATION

UNIT SCOUTERS

Check one

Pack No. 25

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: WALTER L Last name: WALKER Social Security number (optional): _____

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

City: WEBB CITY State: MO ZIP code: 64870

Home phone: _____ Business phone: _____ Date of birth: 01/27/34 Training (see cover): B Position Code (see cover): CC

Occupation, employer, and business address: GENERAL MANAGER TOP

Years at this employment: 22 Boys' Life: New leader: Transfer: Former leader: Sex: M U.S. citizen: Loss No.: _____

Driver's license No.: _____ State: MO Expiration: 10/31/92

1. Scouting background

Position	Council	Year
<u>S.M.</u>	<u>MO-KAN</u>	<u>60's-70's</u>
<u>E.A.</u>	<u>CL</u>	<u>70's</u>

2. Experience working with youth in other organizations?

WORK WITH CHURCH YOUTH GROUPS

3. Previous residences (for last 5 years).

City	State
<u>NONE</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 DON WATZGEN

Name RALPH GREEN

Name MARGARET SHEPHERD

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

NOV. 1985 CHARGED AND CONFESSSED TO SEXUAL ABUSE OF [REDACTED] PLACED ON (4) YR PROBATION. HAD (4) YR. THERAPY WITH BARBARA CARSON I understand that PSYCHOLOGIST.

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 Walter Walker 12/22/90
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:

W. L. Walker
Signature of unit committee chairman
Date 12/21/90

Robert E. Ray
Signature of chartered organization head or chartered organization representative
Date 12-20-90

Robert E. Ray
Signature of Scout executive or designee
Date _____

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: \$1.00 Boys' Life fee: \$ Term (months): 12 Unit renewal date: _____

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.: _____