

CONFIDENTIAL RECORD SHEET

REGISTRATION SERVICE
BOY SCOUTS OF AMERICA

Date 9-6-88

Social Security Number [REDACTED]

Full name Neil Eldred White
(No initials if you can possibly get full name)

Address [REDACTED]

City Pueblo State CO ZIP 81005

Date of birth 12/1/35 (This is important and should be exact.)

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

Religion Protestant Nationality _____

Occupation Photographer

Education MA

Weight 230 Height 6'1" 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 [REDACTED]

Scouting connections:

Unit No.	City	State	Position	Date registered	Date resigned
V-6001	Pueblo	Co	VC		
			ID	[REDACTED]	

Special Recognition _____

Suspended or denied registration for following reasons: alleged child molestation

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 [Signature]
Council Rocky Mountain #63

NOTED
OCT 10 '88
JOSEPH L. ANGLIM

October 12, 1988

Mr. Jeffrey D. Morris
Scout Executive
Rocky Mountain Council, No. 63

PERSONAL AND CONFIDENTIAL

SUBJECT: Neil Eldred White

Dear Jeff:

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,

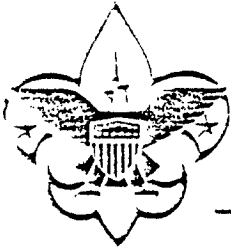
Paul Ernst, Director
Registration Service

ag

cc: North Central Region

READY TO FILE
OCT 13 1988
ERIN O'RILEY

CONF027442



ROCKY MOUNTAIN COUNCIL, INC.
BOY SCOUTS OF AMERICA

414 S. PUEBLO BLVD. • P.O. BOX 3292 • PUEBLO, COLORADO 81005-0292
TELEPHONE 561-1220 • WATTS LINE 1-800-332-1667

September 7, 1988

Mr. Paul Ernst, Director
Registration Service

Irving, TX 75015-2079

Dear Paul:

This is to inform you that the Rocky Mountain Council has suspended the registration of Neil Eldred White a volunteer in this council. A confidential record sheet and information leading to the suspension are attached.

It is our recommendation that Mr. White be placed in the Confidential File. I will provide further information as available.

Sincerely,

Jeff Morris
Scout Executive

JM/ah

Encls.

*Added to C.F. file
Retired - Home Reg. file
9/7/88
Jm*



A Unit

CONF027443

September 7, 1988

Neil E. White applied for professional service with the B.S.A. on July 14, 1988. Neil was an active volunteer working as camp program director.

The enclosed note from Jerry Allinger the previous scout executive caused me to carefully investigate Neil's previous employment.

My first call was to John Garrett, Pueblo Public School District 60 Administrative Services. Mr. Garrett indicated that Mr. White resigned from the school district on March 26, 1973 and immediately began psychiatric treatment under Dr. Lawrence E. Austin. This date differed from Neil's claimed resignation date and was during rather than at the end of the school year. I asked Mr. Garrett if he could tell me the reason for Neil's resignation. He said I should ask Neil. I asked him if it was a reason that a youth agency should be concerned about. He indicated that it was and that I should carefully check Neils background.

The note from Jerry Allinger indicated that Neil had last been employed at the National College of Business. This employer was not listed on the application but I called. They were very reluctant to give information but confirmed that Neil had worked there and that the Boy Scouts had been made aware of the problem concerning his departure.

I questioned Ann Hinrichs the council office manager. She was aware of so called "rumors" about Neil. Apparently when Neil first became involved in the program he met with unit parents and told them of the problem. They allowed him to continue.

At about this time Brit Takara, a scoutmaster and school teacher, came to the office and provided further information. Brit knew Neil as a teacher and gave me the name of [REDACTED] who was a secretary at one of the schools in Pueblo. [REDACTED] son [REDACTED] was alleged to have been molested by Neil resulting in his resignation. Brit seemed very familiar with the situation.

Based on allegations, Area Director Bob Hanawalt informed Neil that he must separate himself from the scouting program on August 9, 1988 when Neil came in for his SRI.

Dave Ware, Council Attorney, was asked to help get further information. District Attorney, Gus Sandstrom, also a council board member, was aware of Neil's problem and promised to try to provide court records. He indicated Neil had plead guilty.

Don Mangin another scoutmaster came to me concerned that Neil was being considered for the position. He said Neil's probation officer had a son in his troop and was very concerned that Neil was involved in scouting.

These allegations and information led to the letter of suspension.

Sincerely,



Jeff Morris
Scout Executive

CONF027444

BOY SCOUTS OF AMERICA

100 S. PUEBLO BL. PUEBLO, CO. 81005 TELEPHONE 86-1229 FAX 86-1222

TELEPHONE 86-1229 • WANTS LINE 1-870-822-1667

September 6, 1988

Neil E. White
[Redacted]
Pueblo, CO 81005

Dear Neil:

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 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 suspend registration whenever there is a concern that an individual may not measure up to the high standards of membership the BSA seeks to provide for American youth.

If you wish to have this decision reviewed, please write to me 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 granted or reinstated. The procedures for review are attached.

Sincerely yours,

Gardner Champlin
Gardner Champlin
President

Jeff Morris
Jeff Morris
Scout Executive

Encl.

*Neil - This is most
difficult for me
Gard.*

... The ...
... The ...
... to operate year-round program on a profit sharing basis at ...
... He also has been appointed to be chairman of the 1969 ...
... committee.

... should be involved, with [redacted] in the selection of camp staff, and the purchase of camp program material for the 1968 season. He has also taken the responsibility for selling "rocks" for the new building. (see "new construction").

CONFIDENTIAL

You will find that Neil is a pleasure to work with as he is enthusiastic, very intelligent, very knowledgeable, and has the time and is willing to give it for the benefit of the program. He is a professional photographer and at one time was a teacher. I included him in this section because he does so much for the council but also to alert you to some persistent rumors about him.

There is "talk" that Neil was asked to resign as a teacher from school district 60 because he was accused of molesting a student. Later, he resigned from a position at National College of Business when he was accused by a 25 year old student of making improper advances. I have followed up with the superintendent of schools and the District Attorney and have been unable to ascertain any truth to the rumors. There is nothing of public record. In any case, you need to be aware of the situation.

... from Jerry Allinger, previous J.E.

PUEBLO PSYCHIATRIC PROFESSIONAL CORPORATION

503 COLORADO AVENUE, SUITE A

PUEBLO, COLORADO 81004

542-3292

March 28, 1973

LAWRENCE E. AUSTIN, M.D.
DIPLOMATE, AMERICAN BOARD
OF PSYCHIATRY AND NEUROLOGY
PRACTICE LIMITED TO PSYCHIATRY

*Received
3.28.73*

Mr. Fred Smith
Assistant Superintendent
Personnel
District #60
Pueblo, Colorado 81004

RE: White, Neil

Dear Mr. Smith;

Mr. Neil White was psychiatrically examined in my office today and will be taken into immediate psychiatric care. It is my recommendation that he be placed on leave of absence for an undetermined period of time. It is very possible that Mr. White will be admitted to the hospital for an immediate crisis intervention into his emotional problems.

If you require additional information, please do not hesitate to contact me.

Sincerely,



Lawrence E. Austin, M.D.

LEA/mms

CONF027447



Application for Professional Service

Boy Scouts of America
An Equal Opportunity Employer

I hereby make application for a commission in the professional service of the Boy Scouts of America and in accordance with requirements hereby subscribe to the Scout Oath or Promise, Law, and the declaration of religious principle (see below). If commissioned in the professional service, I agree to be guided by the Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America. I understand that employment is contingent upon approval for commissioning by the Boy Scouts of America.

Signed *Neil Swoboda* Date 7-14-87
Date available for employment December 1987

NOTE TO APPLICANT

For your application to be properly evaluated, it is essential that all of the following questions be answered carefully and completely. If you need more space, please attach a separate sheet. Add any additional information which you feel may be helpful.

All items of inquiry on this application seek to provide background information which will be considered with the applicant's qualifications.

The following are required as support:

- Personal Health Statement, No. 30-208. Complete *side one only*.
- Official transcript of credits from an accredited college. Please request that the college registrar send an official transcript of credits directly to the Scout executive of the council processing your application.

In making this application for employment, it is understood an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry may include information about your business and personal life. Within a reasonable period of time and upon written request, additional information concerning the nature and scope of the investigation, if one is made, will be provided.

Candidates for professional positions must satisfactorily complete the National Executive Institute prior to being commissioned.

All professional applicants must be at least the age of majority in the state in which they reside and have been graduated from an accredited college/university with the minimum of a 4-year bachelor degree. Applicants with the required paraprofessional on-the-job experience must have the minimum of an associate degree.

Commissions are issued only to those who have met the requirements as established by the national Executive Board of the Boy Scouts of America.

DECLARATION OF RELIGIOUS PRINCIPLE

The BSA maintains that no member can grow into the best kind of citizen without recognizing an obligation to God. In the first part of the Scout Oath or Promise the member declares, "On my honor I will do my best to do my duty to God and my country and to obey the Scout Law." The recognition of God as the ruling and leading power in the universe and the grateful acknowledgment of His favors and blessings are necessary to the best type of citizenship and are wholesome precepts in the education of the growing members. No matter what the religious faith of the member may be, this fundamental need of good citizenship should be kept before them. The Boy Scouts of America therefore recognized the religious element in the training of the members, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and the organization or group with which the member is connected shall give definite attention to religious life.

Only persons willing to subscribe to these declarations of principles shall be entitled to certificates of leadership in carrying out the Scouting program—Bylaws of the Boy Scouts of America, article IX, section 1, clauses 1 and 4.

Read Carefully Before Proceeding

Applicants are not required to give any information on this form that is prohibited by federal, state, or local law.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a health problem or handicap that is unrelated to the person's ability to perform the job assigned.

Name: [REDACTED]
 Current address: [REDACTED]
 City: Pueblo State: Colorado
 How long? 12 years Phone: [REDACTED]
 Previous address: [REDACTED]
 City: Pueblo State: Colorado ZIP: 81004
 Social Security No.: [REDACTED] Driver License No.: [REDACTED] State: Colorado
 American Citizen? Yes No
 If no, have you legally declared your intention to become a citizen? _____

All professional applicants must either be citizens of the U.S.A., or have legally declared his or her intention to become a citizen of the U.S.A. (Article VII, section 2, Bylaws and Rules and Regulations, Boy Scouts of America). Citizenship status should be conferred prior to commissioning.

The position for which you are applying requires long, intensive, and irregular hours of work. Do you have any physical limitations that preclude you from performing any work of the position for which you are applying? Yes No
 If yes, please describe the nature and extent of the limitations. _____

Complete this form—official transcripts also must be provided.

NAME AND LOCATION	Degree	Major Subject	Minor Subject	Rank in Graduating Class Top 1/3 Middle 1/3 Bottom 1/3	Average in Major Subject A, B+, B, C+, or C
COLLEGE Muskegon Community College - Muskegon Mi.	A.A.	Liberal Arts		Middle 1/3	C+
COLLEGE Olivet College Olivet Michigan	B.A.	Social Studies	English	Top 1/3	B+
GRADUATE SCHOOL Western State College - Gunnison	M.A.	Social Studies	Speech & Drama	Top 1/3	A
TECHNICAL BUSINESS SCHOOL					

Have you ever been convicted of a felony? (You may answer no if your conviction has been ordered sealed, expunged, or eradicated.)
 Yes No

Conviction of a crime is not an automatic bar to employment—all circumstances will be considered, including what you were convicted of and how long ago. Please provide complete information about the conviction by attaching a separate statement.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize all my previous employers, schools, and other references to furnish the information requested.

I hereby declare that the information provided by me in this Application for Professional Service is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application is cause for discharge.

7/14/88
 Date

[Signature]
 Signature

References— not relatives or former employers— including all local Scouting offices (available addresses, etc.) must be included.

1. Name _____
 Address _____
 City, State, ZIP _____

2. Name _____
 Address _____
 City, State, ZIP _____

3. Name _____
 Address _____
 City, State, ZIP _____

4. Name _____
 Address _____
 City, State, ZIP _____

5. Name _____
 Address _____
 City, State, ZIP _____

6. Name _____
 Address _____
 City, State, ZIP _____

Please give name, address, and title of person most responsible for your interest in a Scouting career.

State your reason for seeking a position in the professional service of the Boy Scouts of America:

I am concerned with what is happening to the program in the Rocky Mountain Council and I feel that I have the talent and ability to make a significant contribution to the Council program. I believe that I have the necessary contacts to promote the Scouting program at all levels. Because of my personal experience as a leader and watching my sons progress in the program, I am convinced that Scouting is the best youth program going.

State the reasons you feel you can achieve success as a member of the professional service:
 I have extensive professional experience which has prepared me to speak with groups of adults and youth. I have learned not to be afraid to ask people for money to support a worthwhile project and to keep asking until I find the right person. I know the Scouting program.

APPLICANT SHOULD NOT WRITE IN THIS BOX

Council

- I approve of this applicant's qualifications and recommend approval of the application.
- I do not approve this application.
- Our council desires to employ this applicant.

Scout Executive _____ Council _____

American Humanics, Inc.

- I approve of this applicant's qualifications and recommend approval of the application.

Employment preference (council or region) _____

- I do not approve the application.

Resident Administrator _____
 Camous _____

Region

SRI interview conducted by _____ Recommended Yes No

Approval: Recommended Not Recommended

Regional Personnel Director _____ Date _____

National

- Application Approved Application Not Approved

Director of Professional Selection _____ Date _____

NAME: Scott Walker

NOTE: Keep original form for your personal record. Make reproducible copies for use. Be sure information and signatures are legible on reproducible copies. This upper section may be reproduced and carried with you for identification and care.

IN AN EMERGENCY NOTIFY

Name: [Redacted] Participant ID: 01110

Address: [Redacted] Home Phone: [Redacted]

City & State: Deerfield, CA Business Phone: [Redacted]

Personal Physician: [Redacted] Phone: [Redacted]

EMERGENCY MEDICAL INFORMATION

Has or could subject check out give out on:

Allergy to a medication, food, plant, animal or insect toxin

Any condition that may require special care, medication, or diet.

Asthma Convulsions Heart trouble Current tan

Diabetes Fainting spells Bleeding disorders Scars/tattoos

EXPLAIN: None

III. PARENTAL STATEMENT

Has it ever been necessary to restrict applicant's activities for medical reasons? No Yes Date applicant takes regular medicine or have special care? No Yes If yes, explain.

I, the parent or guardian, acknowledge the information in sections I, II, III, IV and V is accurate and complete. I request physician to examine applicant, to give needed immunization and to furnish requested information to other agencies as needed. I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, request that measures be instituted without delay in judgment of medical personnel involved.

Parent or Guardian: [Redacted] (Must sign if applicant is under 18)

Applicant's Signature: _____

Date signed: 10-10-83

IV. IMMUNIZATIONS:

LAST YEAR

TETANUS 1982

DIPHTHERIA _____

POLIO _____

Mumps _____

RUBELLA _____

MEASLES _____

CHICKEN POX _____

Religious preference: Prot.

V. PHYSICIAN'S EVALUATION AND ADVICE:

Approved for participation in:

Hiking and camping Water activities

Competitive sports All activities

Specify exceptions: _____

Recommendations (explain any restrictions OR limitations): _____

Signed: [Signature] Date: 6/10

Physician licensed to practice medicine

VI. MEDICAL HISTORY

Parent for applicant if over 18; fill in sections I, II, III, IV, and VI before seeing physician. Check recommendations to be given at this time. Be sure to include any emergency information and restrictions at camp that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition or health of applicant since last complete examination.

Date of most recent complete physical examination (month and year): June 1985

Are you aware of any current health problems? No Yes

Now under medical care or taking medicines? No Yes

Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination? No Yes

List dates and full details below for any "yes" answers.

DATE	DESCRIPTION
	REMOVED TUMOR WITH BRISTER BILDS
	UNOBTAINED

VII. HEALTH EXAMINATION

Physician:

- Please insist applicant furnish complete medical history (VI) before exam.
- Review immunizations for youth under 18; tetanus and diphtheria toxoids, measles, mumps, rubella vaccines, and trivalent oral polio vaccine are required; adults are required to have tet booster within 10 years.
- The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (alpine or alpine) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue and remote conditions where readily available medical care cannot be assured.
- After completing section VII, summarize any restrictions and recommendations in sections II & V above, and sign.

DATE: 6/10/88 VISION: Normal HEARING: Normal

HT: 5'11" WT: 150 BLOOD PRESSURE: 120/80 PULSE: 80 CONTACT: _____

Check for normal, circle if abnormal and give date if applicable:

<input checked="" type="checkbox"/> Growth development	<input checked="" type="checkbox"/> Skin lesions	<input checked="" type="checkbox"/> Gastrointestinal
<input checked="" type="checkbox"/> Neck glands, hair	<input checked="" type="checkbox"/> Respiration	<input checked="" type="checkbox"/> Neurovascular
<input checked="" type="checkbox"/> Chest, heart, lungs	<input checked="" type="checkbox"/> Cardio-vascular	<input checked="" type="checkbox"/> Neurological
<input checked="" type="checkbox"/> Ears, nose	<input checked="" type="checkbox"/> Abdomen, hernia, hips	<input checked="" type="checkbox"/> Other: _____

LABORATORY: Urinalysis (Dip stick) Albumin + Sugar +

COMMENTS: _____

PERSONAL HEALTH STATEMENT

This health and medical record, including limitations indicated, is valid for participation in the Scout program (activities, camping, local and national events) for 1 year after date of physicians examination.

CHECK ONE

Former Prof.

Former Prof. - 10 years or more

Current Prof.

- Name WILL E. WHITE
Address [REDACTED] PUEBLO CO 81005
- Present position in Scouting Camp Program Director/University Team Coach Rocky Mountain Council
- Height 6'1" Weight 230
- Any considerable change in weight in past 2 years? NO Reason _____
- Is your digestion good? YES Elimination regular? YES
Do you use laxatives? NO Regularly? _____ How many hours do you sleep? 7-8
- What exercise do you get? Walking + Hiking + occasional volleyball
- Date of last immunization: Tetanus Toxoid 1982 Diphtheria 1971 Polio 1965
- Do you wear glasses? Yes
- Have you had any surgical operation? NO Date _____ Describe _____
- Any accidents or physical injuries? NO Date _____ Describe _____
- When did you last consult a physician for an illness? 1984 Why? Sinus infection
When did you last visit a dentist? June 1988
- Do you have: Dizzy spells? NO Shortness of breath NO Fainting attacks NO
Convulsions NO Sick headaches NO Swollen ankles NO Foot trouble NO
- If you have had any of the following circle them and give approximate date if known.

Tuberculosis _____	<u>Skin disease</u> ^{1987 small mole with basal cells removed} _____	Asthma _____	Nervous breakdown _____
<u>Sinus infection</u> <u>1984</u>	Pneumonia _____	Rheumatism _____	Appendicitis _____
Stomach ulcer _____	Scarlet fever _____	<u>Hernia-Rupture</u> ^{Small abdominal rupture} _____	Rheumatic fever _____
Duodenal ulcer _____	Allergic reaction _____	Diabetes _____	St. Vitus's dance _____
Typhoid fever _____	Diphtheria _____	Gonorrhea _____	Heart disease _____
Varicose veins _____	High blood pressure _____	Syphilis _____	Infantile paralysis _____
Pleurisy _____	<u>Hay fever</u> <u>Spring</u> <u>SPRING</u>	Osteomyelitis _____	Dysentery _____
- Use this space for additional information concerning the above or other illnesses or disabilities: _____
- Are you now on medications? NO If yes, describe and give full details _____
- How many days of work/school did you miss because of illness last 12 months? NONE
- Do you have any limitations which may in any way restrict or prevent you from full participation in activities that are physically demanding and may cause some mental stress? NO If yes, please describe nature and extent of limitations _____
- Are you licensed to operate a motor vehicle? Yes No What State? Colorado

NEW OR REEMPLOYED APPLICANTS ONLY:
 I understand the Boy Scouts of America may require a medical examination to be administered by a physician based upon the information supplied above, and that if required prior to employment, it will be at the Boy Scouts of America's expense.

 Signed _____