

**HABERSHAM COUNTY BOARD OF COMMISSIONERS**  
**EXECUTIVE SUMMARY**

**SUBJECT:** Establishment of BSA Aviation Explorer Post at Habersham Airport

**DATE:** June 7, 2023

☒ **RECOMMENDATION**

☐ **POLICY DISCUSSION**

**BUDGET INFORMATION:**

☐ **STATUS REPORT**

~~ANNUAL-~~

☐ **OTHER**

~~CAPITAL-~~

**PRESENTED BY:**

**COMMISSION ACTION REQUESTED ON:** June 19, 2023

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**PURPOSE:** To establish the first ever Aviation Explorer post for the Northeast Georgia Council of the Boy Scouts of America at the Habersham County Airport.

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**BACKGROUND / HISTORY:** The Northeast Georgia Council of the BSA includes several counties, has 13,000 active scouts, and is in the top ten councils in the nation. The Explorers program provides career enablement for kids ages 13-20. The Explorers program is a stand-alone program and participants are not required to be Scouts to participate.

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**FACTS AND ISSUES:**

- Within the Aviation Explorer program, participants will learn from 82 different aviation-related topics.
  - The BSA has a very strong commitment to youth protection. All volunteers get mandatory training and there are many rules in place.
  - Explorer posts must ensure that all participating adults also complete their required youth protection training.
  - Other requirements for the host are general administrative tasks and providing a meeting space.
  - Meetings are held twice per month, each covering a different topic. Class size will be 10-20 per class.
  - Habersham County Sheriff's office is currently host to Law Enforcement Explorers through the BSA.
  - An MOU is required between Habersham County and Boy Scouts of America.
  - BSA provides the liability insurance for the program and participants.
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**OPTIONS:**

- 1) Approve recommendation
  - 2) Deny recommendation
  - 3) Commission defined alternative
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**RECOMMENDED SAMPLE MOTION:** Motion to approve creating a BSA Aviation Explorers post at the Habersham County Airport.

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**DEPARTMENT:**

Prepared by:

Director: \_\_\_\_\_

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**ADMINISTRATIVE  
COMMENTS:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**DATE:** \_\_\_\_\_

County Manager

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# STRENGTHENING YOUTH THROUGH **EXPLORING**<sup>TM</sup>

AVIATION

## EVERYONE WINS WITH EXPLORING!

Exploring will be one of the best opportunities you offer your company, your employees, and the youth of your community.

### COMPANY BENEFITS

- Cultivate and recruit future employees
- Reduce employee turnover and training expenses
- Impact the education process of youth
- Demonstrate visible commitment to the welfare of the community

### EMPLOYEE BENEFITS

- Be an integral part of shaping a young man's or woman's future
- Increased opportunity for advancement within the company

### YOUTH BENEFITS

- Practical, real-world career experiences
- Develop character and leadership skills
- Make new friends
- Obtain experiences that can be listed on college, job, and scholarship applications

### SCHOOL BENEFITS

- Meet state or federal career education standards
- Partner with local businesses
- Extend the classroom beyond the school day
- Gain access to a free career interest survey

## 5 AREAS OF EMPHASIS

CAREER OPPORTUNITIES

LEADERSHIP EXPERIENCE

LIFE SKILLS

CITIZENSHIP

CHARACTER EDUCATION

**OUR VISION** Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.





Check One:

Explorer Club ☐ Explorer Post ☐

Renewal Post/Club No. \_\_\_\_\_

Council \_\_\_\_\_ District \_\_\_\_\_

## Annual Memorandum of Understanding

\_\_\_\_\_ has read and understands the following conditions for participating in this program operated and maintained by Learning for Life, a District of Columbia nonprofit corporation ("Learning for Life"), and desires to enter into this agreement regarding participation in this program. The responsibilities of the organization include:

### Explorer Clubs only:

- Screening and selecting at least two adults, including a sponsor and associate sponsor, to work directly with the Explorer Club participants.

### Explorer Posts only:

- Screening and selecting at least four adults, including committee chairman, two committee members, and an advisor, who will work directly with the post officers.

### Explorer Clubs and Explorer Posts:

- Ensuring that all participating adults complete the required Exploring Youth Protection training. The training is available at [www.exploring.org](http://www.exploring.org).
- Providing adequate facilities for the participants to meet on a regular schedule with a time and place reserved.
- Participating in a program planning meeting and Open House.
- Participating in at least one evaluation with Learning for Life representatives each year.

*Note: Adults may serve in multiple posts and clubs.*

Exploring is part of Learning for Life's education resource program. Learning for Life provides the support service necessary to help the participating organizations succeed in their use of the program.

These services include year-round training techniques and methods for selecting quality leaders; program resources; and primary general liability insurance to cover the participating organization, its board of directors and/or trustees, and its officers and employees in their official and individual capacities against personal liability judgments arising from official Learning for Life activities.

This Annual Memorandum of Understanding shall remain in effect through the registration expiration of the post or club. Either organization may discontinue the program at any time upon written notice to the other organization.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of executive officer or designee

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
Signature of Exploring representative

\_\_\_\_\_  
(Print name)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Marsh & McLennan Agency LLC<br>8144 Walnut Hill Lane, 16th Floor<br>Dallas TX 75231                                                                                            |  | <b>CONTACT NAME:</b> Laura Craig<br><b>PHONE (A/C, No, Ext):</b> 972-770-1402<br><b>E-MAIL ADDRESS:</b> laura.craig@marshmma.com<br><b>FAX (A/C, No):</b> 972-770-1699                        |  |
| <b>INSURED</b><br>Boy Scouts of America, National Council and All of its affiliates and subsidiaries<br>Northeast Georgia Council<br>Boy Scouts of America<br>P.O. Box 399<br>Jefferson, GA 30549 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Evanston Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
| <b>BSAFLCA</b>                                                                                                                                                                                    |  | <b>NAIC #</b><br>35378                                                                                                                                                                        |  |

**COVERAGES****CERTIFICATE NUMBER:** 1851896660**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                       | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                           |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/><br><input type="checkbox"/><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | V3P0009142    | 3/1/2023                | 3/1/2024                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 7,000,000<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                 |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                            |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                    |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                         |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A                                                                                                                                                                       |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                 |
|          |                                                                                                                                                                                                                                                                                                                                                                                                         |           |          |               |                         |                         |                                                                                                                                                                                                                                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only of the limits of liability specified in such contract for the event specified. Primary and Non-Contributory applies as required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement. Sexual Molestation coverage is incorporated in the policy and addressed by endorsement and is subject to the policy period, terms, limits and conditions of the policy.

For All Official Scouting Activities

**CERTIFICATE HOLDER****CANCELLATION**

Habersham County Airport  
1112 Airport Road  
Cornelia Georgia 30531

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE