

Seasonal Camp Staff Application

Name: _____



Send application to:
 Sam Houston Area Council, Program Services
 PO Box 924528,
 Houston, TX 77292-4528
campstaff@shac.org

attach
picture

Thank you for your interest in being part of the Sam Houston Area Council camping staff. Sam Houston Area Council has a great challenge each year to provide Scouts and Scouters who attend our camps with a great camping experience. The Sam Houston Area Council is looking for a few dedicated individuals to serve Scouting by being a staff member at one of the Sam Houston Area Council Camps. The requirements are stiff; the jobs are demanding; the experience is exhilarating.

Staff members must:

- Be a registered member of the Boy Scouts of America. BSA ID number: _____ (or submit a BSA application)
- Be at least 16 years of age during Camp. (If age 15 or younger, complete a Jr. Staff application).
- Exemplify the Scout Oath and Law.
- Submit the forms listed below completely filled out:

For office use only:

		Youth, ages 16-17	Adult
Application	pg 2	<input type="checkbox"/>	<input type="checkbox"/>
Adult in Camp Compliance Form	pg 6	N/A	<input type="checkbox"/>
Automobile Regulations	pg 7	<input type="checkbox"/>	N/A
Camp Staff Statement of Understanding and Code of Conduct Form	pg 8	<input type="checkbox"/>	<input type="checkbox"/>
Camper Release form / Consent to Leave Camp	pg 9	<input type="checkbox"/>	N/A
Computer Use and Internet Policy	pg 10	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Weather Training Certificate (www.myscouting.org)		<input type="checkbox"/>	<input type="checkbox"/>
I-9 Form (employment eligibility verification)	pg 11	<input type="checkbox"/>	<input type="checkbox"/>
Identification (copy of Driver's License or School ID with photo, see I-9 instructions)		<input type="checkbox"/>	<input type="checkbox"/>
Medical Insurance card		<input type="checkbox"/>	<input type="checkbox"/>
Medical/Health Form (parts A, B, C)	pg 12	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offender Background Check (https://records.txdps.state.tx.us/DPS_WEB/SorNew/index.aspx)		<input type="checkbox"/>	<input type="checkbox"/>
Social Security card		<input type="checkbox"/>	<input type="checkbox"/>
Unit Leader Appraisal		<input type="checkbox"/>	N/A
W-4 Form	pg 18	<input type="checkbox"/>	<input type="checkbox"/>
Youth Protection Training Certificate (www.myscouting.org)		<input type="checkbox"/>	<input type="checkbox"/>
Additional Training Certificate: _____			
Additional Training Certificate: _____			

Application Received: _____

References Checked: Who: _____ Date: _____

Criminal Background Check: _____

Camp: _____ Position: _____ Salary: _____ Age: _____

Letter of Employment: Mailed: _____ Received: _____

Application Complete: Yes Date: _____

Seasonal Camp Staff Application

Camp Preference: Cockrell River Camp Horseshoe Bend Rough Riders Bovay Scout Ranch

An Equal Opportunity Employer

Applicants are not required to give any information on this form that is prohibited by Federal, State or Local Law. This application will be given every consideration but its receipt does not imply that the applicant will be employed. Applicants accepted for employment are on a trial basis with a probationary period and if in our judgment, it is found during this time period that the employee is not adapted to the work assigned, or that information given has been misrepresented, the engagement may be terminated without other reason. In connection with your application for employment, an investigation may be made requesting information as to character, general reputation, personal characteristics and mode of living. The Sam Houston Area Council is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status 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 _____ BSA ID number _____ Date of Application _____
First Middle Last

Permanent Address _____ City _____ State _____ Zip _____

College Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Best time & number to call _____

Email _____ Do you text? Yes No

Date of Birth _____ Age (as of June 1) _____ T-shirt size _____ SS# _____ - _____ - _____

Job Preference: See skills on page 2 for a list of positions.

I would like to apply for the following:

Position _____
 First Choice _____
 Second Choice _____
 Third Choice _____

Scouting Experience:

Unit: _____ Rank: _____ District: _____ Current Position: _____

Leadership Positions Held: _____

Camps Attended: (include Winter Camp, Boy Scout Summer Camp, High Adventure, Jamboree)

Camp _____	Year _____	Camp _____	Year _____
Camp _____	Year _____	Camp _____	Year _____
Camp _____	Year _____	Camp _____	Year _____

Camp Staff Experience: (include Day Camp, Winter Camp, Boy Scout Summer Camp, High Adventure, Jamboree)

Camp Staff Position _____	Year _____	Camp _____
Camp Staff Position _____	Year _____	Camp _____
Camp Staff Position _____	Year _____	Camp _____

Order of the Arrow: (year) Ordeal (____), Brotherhood (____), Vigil (____)

Ceremony Experience: Call Out, Pre-Ordeal, Ordeal, Brotherhood; Principles: Allowat Sakima, Kichkinet, Meteu, Nutiket

OA Leadership Experience: (include Chapter/Lodge positions, Ordeal staff, Event staff, Unit OA Rep)

Position _____ District/Lodge _____

Position _____ District/Lodge _____

Position _____ District/Lodge _____

Name _____

Skills: Indicate your experience and training for any of the areas shown below. Do not mark those which you know nothing or very little.

(1) Some experience or earned Merit Badge. (2) Earned and Taught Merit Badge. (3) Have considerable training or experience.

<input type="checkbox"/> American Heritage MB	<input type="checkbox"/> Cooking MB	<input type="checkbox"/> Inventions MB	<input type="checkbox"/> Robotics MB
<input type="checkbox"/> Animal Science MB	<input type="checkbox"/> Counseling	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Rough Riders
<input type="checkbox"/> Aquatics Director *	<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Leadership Skills	<input type="checkbox"/> Rowing MB
<input type="checkbox"/> Archery MB	<input type="checkbox"/> Dining Hall Assistant	<input type="checkbox"/> Leatherwork MB	<input type="checkbox"/> Safety MB
<input type="checkbox"/> Area Director +	<input type="checkbox"/> Dining Hall Manager +	<input type="checkbox"/> Lifesaving MB	<input type="checkbox"/> Scouting Heritage MB
<input type="checkbox"/> Art MB	<input type="checkbox"/> Drama	<input type="checkbox"/> Machinery	<input type="checkbox"/> Service Manager +
<input type="checkbox"/> Astronomy MB	<input type="checkbox"/> Electrician	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Shotgun MB
<input type="checkbox"/> Auto Maintenance MB	<input type="checkbox"/> Emergency Prep MB	<input type="checkbox"/> Mammal Study MB	<input type="checkbox"/> Small Boat Sailing MB
<input type="checkbox"/> Backpacking MB	<input type="checkbox"/> Engineering MB	<input type="checkbox"/> Manager	<input type="checkbox"/> Soil Conservation MB
<input type="checkbox"/> Basketry MB	<input type="checkbox"/> Entrepreneurship MB	<input type="checkbox"/> Medical Director *	<input type="checkbox"/> Snorkeling
<input type="checkbox"/> Bird Study MB	<input type="checkbox"/> Environmental Science MB	<input type="checkbox"/> Medicine MB	<input type="checkbox"/> Supervising Work
<input type="checkbox"/> Business Manager+	<input type="checkbox"/> Field Sports Director	<input type="checkbox"/> Motor boating MB	<input type="checkbox"/> Swimming MB
<input type="checkbox"/> Camping MB	<input type="checkbox"/> Fire Safety MB	<input type="checkbox"/> Musician: _____	<input type="checkbox"/> Teaching
<input type="checkbox"/> Campfire Program	<input type="checkbox"/> First Aid MB	<input type="checkbox"/> Nature MB	<input type="checkbox"/> Theater MB
<input type="checkbox"/> Camp Commissioner *	<input type="checkbox"/> First Class Emphasis	<input type="checkbox"/> Orienteering MB	<input type="checkbox"/> Tractor Operation
<input type="checkbox"/> Canoeing MB	<input type="checkbox"/> Fish & Wildlife MB	<input type="checkbox"/> OA Ordeal Staff	<input type="checkbox"/> Trading Post Manager +
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Fishing MB	<input type="checkbox"/> OA Ordeal Ceremonies	<input type="checkbox"/> Trading Post Staff
<input type="checkbox"/> Chaplain *	<input type="checkbox"/> Food Service Director +	<input type="checkbox"/> Office Clerk	<input type="checkbox"/> Veterinary Medicine MB
<input type="checkbox"/> Chess MB	<input type="checkbox"/> Food Service Staff	<input type="checkbox"/> Photography MB	<input type="checkbox"/> Waterfront Safety
<input type="checkbox"/> Cinematography MB	<input type="checkbox"/> Forestry MB	<input type="checkbox"/> Pioneering MB	<input type="checkbox"/> Water-skiing
<input type="checkbox"/> Citizenship in World MB	<input type="checkbox"/> Geocaching MB	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Whitewater MB
<input type="checkbox"/> Citizenship in Nation MB	<input type="checkbox"/> Geology MB	<input type="checkbox"/> Pottery	<input type="checkbox"/> Wilderness Survival MB
<input type="checkbox"/> Climbing MB	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Pool Operation	<input type="checkbox"/> Wildlife Mgmt
<input type="checkbox"/> Commissary Assistant	<input type="checkbox"/> High Adventure	<input type="checkbox"/> Program Director *	<input type="checkbox"/> Woodcarving MB
<input type="checkbox"/> Commissary Manager +	<input type="checkbox"/> Hiking MB	<input type="checkbox"/> Purchasing Work	<input type="checkbox"/> Wrangler
<input type="checkbox"/> Conservation	<input type="checkbox"/> Horsemanship MB	<input type="checkbox"/> Quartermaster +	_____
<input type="checkbox"/> Conservation Director +	<input type="checkbox"/> Indian Lore MB	<input type="checkbox"/> Reptile Study MB	_____
<input type="checkbox"/> C.O.P.E.	<input type="checkbox"/> Insect Study MB	<input type="checkbox"/> Rifle MB	_____

must be (+ 18) (* 21) years of age or older

Personal Evaluation:

Rate yourself on the following:	lowest / poorest				highest / best		
	1	2	3	4	5	6	7
Emotional balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following through on assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfilling obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting along with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting along with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving instruction and feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temper control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training / Teaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education:	Name of School	Number of Years Completed	Major
High School			
College			
Technical/Vocational School			
Other Special Training			

Associations and any offices held: _____

Special accomplishments, publications, awards: _____

Extracurricular activities: _____

Additional information: _____

Foreign language(s) proficiency: _____

Name: _____

Trainings / Certifications: (list expiration date)

<input type="checkbox"/> Boy Scout Ldr Specific Training~	<input type="checkbox"/> Red Cross First Aid with CPR/AED ^{^*} , expires: _____
<input type="checkbox"/> BSA Life Guard, expires: _____	<input type="checkbox"/> Red Cross First Aid and CPR/AED Instructor ^{^*} , expires: _____
<input type="checkbox"/> Climb On Safely*, expires: _____	<input type="checkbox"/> Red Cross Emergency Medical Response*, expires: _____
<input type="checkbox"/> EMT	<input type="checkbox"/> Red Cross Fundamentals of Canoeing ^{^*} , expires: _____
<input type="checkbox"/> Hazardous Weather Training ^{^*} , expires: _____	<input type="checkbox"/> Red Cross Fundamentals of Canoeing-Instructor ^{^*} , expires: _____
<input type="checkbox"/> Intro to Outdoor Ldr Skills (IOLS) ~	<input type="checkbox"/> Red Cross Fundamentals of Kayaking ^{^*} , expires: _____
<input type="checkbox"/> National Archery Association, expires: _____	<input type="checkbox"/> Red Cross Lifeguarding*, expires: _____
<input type="checkbox"/> National BSA Aquatic School, expires: _____	<input type="checkbox"/> Red Cross Small Craft Safety/Basic Water Rescue*, expires: _____
<input type="checkbox"/> National BSA Camp School, expires: _____	<input type="checkbox"/> Red Cross Water Safety Instructor*, expires: _____
<input type="checkbox"/> NRA Range Safety Officer – Rifle/Shot Gun, expires: _____	<input type="checkbox"/> Red Cross Wilderness/Remote First Aid ^{^*} , expires: _____
<input type="checkbox"/> Nurse	<input type="checkbox"/> Safe Swim Defense*, expires: _____
<input type="checkbox"/> NYLT-	<input type="checkbox"/> Safety Afloat*, expires: _____
<input type="checkbox"/> Paramedic	<input type="checkbox"/> USA Archery Instructor, expires: _____
<input type="checkbox"/> Powderhorn~	<input type="checkbox"/> Wood Badge~
<input type="checkbox"/> Project COPE	<input type="checkbox"/> Youth Protection Training (Venturing) ^{^*} , expires: _____
<input type="checkbox"/> Rangemaster, Archery~, expires: _____	<input type="checkbox"/> Youth Protection Training ^{^*} , expires: _____
<input type="checkbox"/> Rangemaster, BB Gun~, expires: _____	<input type="checkbox"/> _____, expires: _____
<input type="checkbox"/> Red Cross Basic River Canoeing ^{^*} , expires: _____	<input type="checkbox"/> _____, expires: _____

[^]Required trainings will be offered during staff training ~ www.shac.org/training [^]www.redcross.org/takeaclass * www.myscouting.org [^] www.scoutcp.org

Employment Experience:

Employer:			
Dates:			
Supervisor:			
Phone:			
Job Description:			
Reason for Leaving:			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been discharged or asked to resign from a job? Yes No. If yes, why? _____

Volunteer work (outside of BSA): _____

References:* (List three adults who can account for your work-related qualities. Do not list parents or relatives.)

Name:	1. _____	2. _____	3. _____
Relationship:	_____	_____	_____
Phone:	_____	_____	_____
Cell:	_____	_____	_____
Email:	_____	_____	_____

Employment Availability: Place an "O" by weeks you are available to work. Place an "X" by any weeks you are not available and list reason below.

<u>El Rancho Cima</u>	<u>Bovay Scout Ranch</u>	<u>Bovay Adventure Camp</u>	<u>Bovay Webelos Extreme</u>
____ See Council Website	____ June 25-28, 2017 staff wk	____ Spring 2017:	____ Fall 2017
____	____ 1. July 9-12, 2017	____ Feb 18, Training	____ Sept. 23 Training
____	____ 2. July 12-15, 2017	____ Feb 24-26	____ Sept. 29-Oct. 1
____	____ 3. July 16-19, 2017	____ Mar 03-05	____ Oct. 06-08
____	____ 4. July 19-22, 2017	____ Mar 24-26	____ Oct. 27-29
____	____ 5. July 23-26, 2017	____ Apr 07-09	____ Nov. 17-19
____	____ 6. July 26-29, 2017	____ Apr 28-30	____ Dec. 01-03
____	____	____ May 19-21	____
____	____	____	____
____	____	____	____

Length of employment varies with camp and job assignment. Conditions that affect employment availability during Summer Camps (e.g., Philmont/High Adventure trip, special family vacation, Jamboree, National Order of the Arrow Conference, Section Conclave, school, sports) must be identified at the time of the interview. List reason you will be unavailable during any part of summer camp: _____

Name: _____

Other Information:

Why do you want to be a member of the Camp Staff? _____

What parts of the job do you most look forward to? _____

What part of the job do you look forward to least? _____

- Yes No Do you use tobacco? If yes, would you be willing to agree not to use while on duty? Yes No
- Yes No Do you use illegal drugs?
- Yes* No Have you ever been involved with or arrested in a criminal action? If yes, were you convicted? Yes No.
- Yes No Have you ever been charged with child neglect or abuse?
- Yes* No Has your driver's license ever been suspended or revoked?
- Yes* No Other than the information above, is there any fact or circumstance involving you or your background that would call into questions your being entrusted with the supervision, guidance, and care of young people?

Background check: Criminal (ages 18 & over) and sexual background checks are required annually by the State of Texas and will be conducted by Sam Houston Area Council.

Yes No I agree to a criminal (ages 18 & over) and sexual background check.

Please provide any additional information necessary to describe your qualifications for the specific position for which you are applying:

I hereby make application for summer employment, and in accordance with the principles of the organization, subscribe to the Scout Oath and Promise, Law and Declaration of Religious Principle. I agree to be loyal to and cooperate fully with all of the BSA policies, program, and management including those described in this application. I further agree to submit a completed Health and Medical Record upon my arrival, if selected. I understand that a personal interview may be required before employment will be granted.

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 all other references to furnish the information requested. I hereby declare that the information provided by me in this application for employment is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application is cause for discharge.

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing his obligation to God and therefore, acknowledges that religious element in the training of the member, but is absolutely non-sectarian in its attitude toward the religious training. It is the policy that the organization or institution with which the member is connected shall give definite attention to his religious life. Only persons willing to agree with this declaration of principle and the Bylaws of the Boy Scouts of America shall be entitled to certificates of leadership. Your signature below indicates agreement with this principle.

Signature* _____ Date _____

(*Signature acknowledges that references may be contacted)

Parent or Guardian's Signature (if under 18) _____ Date _____

Name: _____

ADULT IN CAMP STATE COMPLIANCE FORM

Please Print. All information on this form is required.

Full Legal Name: Last Name: Full First Name: Full Middle Name:

Birth date: (mm/dd/yyyy) SSN:

Home Address: City: State: Zip:

Daytime Phone: Cell Phone: Email:

Unit Type: (Pack/Troop/Crew) Unit Number: District: Council:

1. Which camp are you attending?

- District Day Camp: District Name Day Camp Dates
Bovay Resident Camp: Session: 1 2 3 4 5 6 7 8
Walter Horseshoe Bend Summer Camp: Week: 1 2 3 4 5 6 7
Cockrell River Camp Summer Camp: Week: 1 2 3 4 5 6 7
Rough Riders: Week: 1 2 3 4 5 6 7
Super Troop: Week: 1 2 3 4 5 6 7
Winter Camp

2. Experience working with youth in other organizations:

3. Previous Residences (last 5 years):

4. References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name: Phone: Phone:

Name: Phone: Phone:

Name: Phone: Phone:

5. Additional information. Mark each answer Yes or No. (* For items marked yes, attach a letter of explanation.)

- Yes No Do you use illegal drugs?
Yes* No Have you ever been convicted of a criminal offense?
Yes No Have you ever been charged with child neglect or abuse?
Yes* No Has your driver's license ever been suspended or revoked?
Yes* No Other than the information above, is there any fact or circumstance involving you or your background that would call into questions your being entrusted with the supervision, guidance, and care of young people?

6. Background check. A criminal and sexual background check is required annually by the State of Texas and will be conducted by the Sam Houston Area Council.

Yes No I agree to a criminal and sexual background check.

7. Signature: Date:

Automobile Regulations

Name: _____ Driver's License #: _____ State: _____
 Vehicle License Plate #: _____ Model: _____ Color: _____
 Insurance Co: _____ Policy #: _____

These regulations apply to all persons having a contract as a Camp Staff Member of the Sam Houston Area Council. Boy Scouts of America.

1. Staff personnel under 18 years of age may be a passenger in a vehicle only when approved by parent/guardian and the Camp Director.
2. All drivers must follow directions for leaving camp. Approval must also be given by the Camp Director.
3. Drivers between the ages of 18 and 21 must have parental approval to carry passengers in personally owned vehicle.
4. Approved drivers **must not** under any circumstances have passenger without approval of Camp Director. Approval will be given only for official Camp business or an emergency.
5. No camp vehicle will be driven beyond the limits of the Camp, unless dispatched on official Camp business approved by the Camp Director.
6. The maximum speed limit for all vehicles on the Camp property is 20 MPH.
7. Vehicles are to be parked **only** in authorized parking areas.

Name: _____ Signature: _____ Date: _____
 Parent/Guardian (if minor): _____ Signature: _____ Date: _____

To be completed by parent/guardian if staff member is under 18 years of age.

Camp Staff under the age of 18 will not be permitted to leave camp property at anytime, except with a parent/guardian or person(s) designated by parent/guardian on the Camper Release form or as assigned by the Camp Director. Immediate dismissal will result for not following camp check-out procedures. I give permission for the following:

- Yes No Ride with another staff member in personal car on authorized leave.
- Yes No Drive his/her car from home to camp and return.
- Yes No Drive his/her car while on authorized leave from camp.
- Yes No Drive his/her car on Camp property when authorized by Camp personnel.
- Yes No Take other staff members in his/her car while on authorized leave from Camp.
- Yes No Take other staff members in his/her car on camp property when authorized by Camp personnel.

Parent/Guardian (if minor): _____ Signature: _____ Date: _____

Name: _____

Camp application

Camp Staff Statement of Understanding and Code of Conduct

Statement of Understanding: All staff members, both youth and adult, are selected based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities. By signing the letter of appointment, all adult staff members as well as youth staff members and their parents or guardians agree to the conditions of the Statement of Understanding and Code of Conduct as a condition of participation, with the further understanding that serious misconduct or infraction of rules and regulations may result in termination and expulsion from camp. Each staff member is responsible for his or her own behavior. All staff members are expected to abide by the Code of Conduct as follows:

1. I will be guided by the Scout Oath and Scout Law and will obey all U.S. federal laws, as well as local and state laws.
2. I will set a good example by keeping myself neatly dressed and presentable.
3. I will attend all scheduled programs and participate as required in cooperation with other staff members and leaders.
4. I agree to follow the camp check-in and check-out procedures and to observe camp quiet hours.
5. I will be responsible for keeping my quarters and personal gear labeled, clean, and neat. I will adhere to all camp recycling policies and regulations. I will do my share to prevent littering of the campgrounds and agree to follow the principles of Leave No Trace.
6. I understand that the possession or consumption of alcoholic beverages or illegal drugs or misuse of prescribed drugs is prohibited at camp. I understand that the purchase, possession, or consumption of alcoholic beverages off council property must comply with state and federal law and must not affect my job performance.
7. Serious and/or repetitive behavior violations including use of tobacco, cheating, stealing, dishonesty, swearing, fighting, and cursing may result in termination or disciplinary action.
8. I understand that gambling of any form is prohibited.
9. I understand that possession of lasers of any type and possession or detonation of fireworks are prohibited.
10. Neither the camp nor the BSA local council will be responsible for loss, breakage, or theft of my personal items. I will label all my personal items and check items of value at the direction of staff leaders. Theft on my part will be grounds for termination and expulsion from camp.
11. I will use camp equipment in a safe manner and for its intended purpose and will return the equipment in good condition.
12. I understand that staff members are prohibited from having firearms and weapons in their possession or on camp property, in accordance with U.S., local, and state laws.
13. I understand the importance of following BSA's Youth Protection and safety policies and will follow those guidelines and report all violations that come to my attention.
14. Hazing has no place in Scout camp, nor does running the gauntlet, belt lines, or similar physical punishment. As a staff member I agree to prevent and stop all hazing activities.
15. I will respect diversity-whether the differences be in physical characteristics or in perspectives.
16. I have the responsibility not to engage in behavior that constitutes discrimination or harassment in any way, including race, color, national origin, sex, religion, age, disability, or citizenship of an individual. This applies to everyone, including fellow staff members, campers, adult leaders, parents, and outside vendors.
17. I have the responsibility to report instances of discrimination or harassment (directed at me or at others) to the camp director or the Scout executive.
18. I will comply with this Code of Conduct and the policies printed in the *Sam Houston Area Council Camp Staff Handbook*. Any violation may result in expulsion from the camp at my own expense. I understand that all such decisions will be final.

Name: _____ Signature: _____ Date: _____
 Parent/Guardian (if minor): _____ Signature: _____ Date: _____
 Camp Staff: _____ Signature: _____ Date: _____

Name _____

Seasonal Camp Staff application

Camper Release Form / Consent to Leave Camp

(to be completed by legal parent/guardian of staff members under 18 years of age)

Name: _____

Camp: Cockrell River Camp, Horseshoe Bend, Rough Riders,
 Bovay Scout Ranch, Winter Camp

Camp Staff under the age of 18 are not permitted to leave Camp property at anytime except with a parent/guardian, person(s) listed below or as assigned by the Camp director. Staff who do not follow camp check-out procedures will be dismissed from duty.

Camper Release: I give approval for my son/daughter to leave camp with the following person(s):

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Consent to leave camp for an activity: I give approval for my son/daughter to leave camp property for the following situations (consider evenings off, trips in town to shop or get a haircut). "May travel with" instructions could list a specific people, or be generic, such as any staff member over 18 or 21.

Date(s): _____ Time: _____ to: _____

Location: _____ Approximate mileage from camp: _____

Description of activity: _____

May travel with: _____

Office Use Only: Verified: _____ Date: _____	Checked out of Camp: _____	Checked into Camp: _____
----------------------------------------------	----------------------------	--------------------------

Date(s): _____ Time: _____ to: _____

Location: _____ Approximate mileage from camp: _____

Description of activity: _____

May travel with: _____

Office Use Only: Verified: _____ Date: _____	Checked out of Camp: _____	Checked into Camp: _____
----------------------------------------------	----------------------------	--------------------------

Date(s): _____ Time: _____ to: _____

Location: _____ Approximate mileage from camp: _____

Description of activity: _____

May travel with: _____

Office Use Only: Verified: _____ Date: _____	Checked out of Camp: _____	Checked into Camp: _____
----------------------------------------------	----------------------------	--------------------------

Date(s): _____ Time: _____ to: _____

Location: _____ Approximate mileage from camp: _____

Description of activity: _____

May travel with: _____

Office Use Only: Verified: _____ Date: _____	Checked out of Camp: _____	Checked into Camp: _____
----------------------------------------------	----------------------------	--------------------------

My son/daughter may NOT leave camp with: _____

Parent/Guardian (if minor): _____ Signature: _____ Date: _____

Cell: _____ Phone: _____ Email: _____

Name: _____

Camp application

Computer Use and Internet Policy

updated August 15, 2003

This document sets the policies of the Sam Houston Area Council Boy Scouts of America regarding the use of its e-mail system, Internet system, and communications, which include but are not limited to electronic voice mail, facsimiles, computers and related equipment, the Internet, and the World Wide Web. All employees who use the Sam Houston Area Council network agree to comply with the Council policies as outlined in this policy statement. The Sam Houston Area Council reserves the right to change this policy at any time.

Ownership of Messages. The electronic systems of the Council and all materials created, stored, transmitted, or received using the Council's technical resources are the property of the Council. The Council reserves the right, at all times, and without notice, to review and monitor all such materials whenever, in the Council's discretion, there is a business need to do so. Employees and other users must not create, store, or transmit personal or non-Council business information, messages, or images using Council technical resources.

No Presumption of Privacy. Communications on Council electronic systems are not secure. Employees have no right to privacy with regard to the information, messages, or images created, stored, transmitted, or received on the Council's system. Passwords and IDs are designed to protect the Council's confidential information from outside third parties, not to provide employees with privacy in their own messages, and other files. In using the Internet and network, employees should be aware that all connections and sites visited could be monitored and traced back to the user. Employees should assume that the communications they create, send, receive, or store might be heard/read by someone other than themselves or the intended recipient.

General Use. Use of council resources and property, including e-mail, Internet access, voice mail, ScoutNET and other technical resources (including the electronic mail (e-mail) system, and Internet access, telephone system, voice-mail system, facsimile machines, copy machines, computer network, modems) are to be used for the Council's business operations.

Message Restriction. Communications on Council electronic systems may not contain content that a reasonable person would consider to be defamatory, offensive, harassing, disruptive, or degrading, including but not limited to offensive language, sexual comments or images, slander, ethnic slurs, or other comments or images that would offend someone on the basis of race, sex, national origin, sexual orientation, religion, political beliefs, or disability. Council employees may not use the company's electronic systems in the creation, reception, or distribution of personal messages, communications, chain letters; or distribution of jokes; non-Council purposes; running a personal business venture; or searching for other employment.

Privacy-CD Use-Bandwidth. Employees may not use Council electronic systems to upload or transmit copyrighted, trademarked, patented, confidential, private or proprietary information without proper authorization. Council employees must not use the Internet or Council computers to pirate software, steal passwords, or hack into other machines. No unauthorized software may be loaded on to Council systems; this includes games, screensavers and any program without prior approval. COs may be played on the system but may not be downloaded to the PC hard drive or share drives. The introduction of viruses, attempts to breach the system, and other malicious tampering with any of the Council electronic systems is expressly prohibited. Connection to live radio uses bandwidth that is intended for Council business and must not be practiced.

Obscene material. Council employees must not use the Internet connection or Council computers to view or exchange pornography or obscene materials, send discriminatory or harassing e-mail, or engage in any other unauthorized activities. Employees may not upload, download, or otherwise transmit any sexually explicit materials or images.

Passwords and Security. No one may allow the use of his/her passwords by others. No one may enable unauthorized third parties to have access to or use of Council systems or otherwise jeopardize the security of the Council's electronic communications systems.

Chats and Auctions. Employees may not participate in newsgroups or chat group sessions unless expressly authorized by the Council. Employees are prohibited from buying and selling personal items on the Council Internet connection.

Conduct and User Responsibility. Employees will be held personally responsible for their conduct on the network or Internet while using Council electronic systems.

Loss and Theft. An employee must reimburse the Council for the full replacement value of any Council-owned equipment (including, but not limited to, notebook computers, desktop computers, cell phones, personal digital assistants, software, and projectors) that is lost or stolen while in the employee's possession while away from Council property. Employees must store notebook computers in a locked and secure place at the end of the business day. If the employee prefers, she/he may take the notebook computer home. (A Council laptop must never be left in an unattended automobile, truck or public place. When an employee travels and must leave her/his car parked in a public place, the laptop must be placed in the trunk of the employee's car to help prevent theft. Once home, the employee must place the laptop in a temperature regulated room.)

Connection to the Council Network. Employees who connect to the Council network with computers they personally own must receive written approval from the Information Systems Director of IT Infrastructure for all programs and applications that are downloaded to those computers. Employee-owned computers that are connected to the Council Network MUST NOT contain file-sharing applications like AOL Instant Messaging (AIM), Microsoft's Instant Messenger, KaZaa, and other unapproved applications. Periodic and unannounced audits will be conducted on all computers that connect to the Council's Network. Employees unwilling to follow these guidelines will not be permitted to connect to the Council's Network.

Sanctions. Violations of the policies described above for legal and ethical use of computing resources will be dealt with seriously. Violators will be subject to the normal disciplinary procedures of the Council, which may include dismissal. Illegal acts involving the Sam Houston Area Council's computing resources may also be subject to prosecution by local, state and federal authorities.

I have read and agree to abide by this policy in regards to the use of Council owned and or supported electronic systems provided by the Council.

Name: _____ Signature: _____ Date: _____

Parent/Guardian (if minor): _____ Signature: _____ Date: _____

Name: _____ Camp application

Annual Health and Medical Record Registro Médico y de Salud Anual Part A/Parte A

**High-adventure base participants:
Participantes en la base de aventura extrema:**
Expedition/crew No.
Expedición/grupo no.: _____
or staff position
o puesto fijo: _____

GENERAL INFORMATION/INFORMACIÓN GENERAL

Name _____ Date of birth _____ Age _____ Male Female
Nombre _____ Fecha de nacimiento (MM/DD/Year) - (MM/DD/Año) Edad Masculino Femenino

Address _____ Grade completed (youth only) _____
Domicilio _____ Grado escolar completado (sólo niños) _____

City _____ State _____ Zip _____ Phone No. _____
Ciudad Estado Código postal No. telefónico

Unit leader _____ Council name/No. _____ Unit No. _____
Lider de la unidad Nombre y no. del concilio No. de unidad

Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
No. de Seguro Social (opcional; puede ser solicitado por las instalaciones médicas para brindar tratamiento) Preferencia religiosa

Health/accident insurance company _____ Policy No. _____
Compañía de seguro médico/accidental No. de póliza

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER "NONE" ABOVE.
ANEXAR UNA FOTOCOPIA DE AMBOS LADOS DE LA TARJETA DEL SEGURO. SI USTED NO TIENE SEGURO MÉDICO, ESCRIBA "NINGUNO."**

In case of emergency, notify/En caso de emergencia, notificar a:

Name _____ Relationship _____
Nombre Parentesco

Address _____
Domicilio

Home phone _____ Business phone _____ Mobile phone _____
Teléfono de casa Teléfono de oficina Teléfono móvil

Alternate contact name _____ Alternate's phone _____
Nombre de contacto alternativo Teléfono del contacto alternativo

HEALTH HISTORY/HISTORIAL MÉDICO

Do you currently have, or have you ever been treated for any of the following?
¿Tiene actualmente, o ha tenido alguna vez los siguientes?

Please fill in the bubbles as indicated below:
Por favor rellene los círculos tal como se indica a continuación:
Incorrect: Correct:
Incorrecto Correcto

Yes/Sí	No/No	Condition/Padecimiento	Explain/Explicue
<input type="checkbox"/>	<input type="checkbox"/>	Asthma Last attack: (MM/YY) Asma Último ataque: (MM/AA) [][]/[][]	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Last HbA1c: (Percentage) Diabetes Última HbA1c: (Porcentaje) [][] . [][] %	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure) Hipertensión (presión alta)	
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease/heart attack/chest pain/heart murmur Enfermedad del corazón/infarto/dolores de pecho/soplo cardíaco	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA Apoplejía/Accidente isquémico transitorio	
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease Enfermedades pulmonares/respiratorias	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/sinus problems Problemas del oído/senos paranasales	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition Condiciones musculares/óseas	
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems (women only) Problemas menstruales (sólo mujeres)	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological and emotional difficulties Dificultades psiquiátricas/psicológicas y emocionales	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders Trastornos de conducta/neurológicos	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders Enfermedades hemorrágicas	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells Desmayos	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease Enfermedades de la tiroides	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease Enfermedades del riñón	
<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease Anemia falciforme	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures Last seizure: (MM/YY) Convulsiones Última convulsión: (MM/AA) [][]/[][]	
<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorders (e.g., sleep apnea) Trastornos del sueño (por ejemplo, síndrome de apnea-hipopnea durante el sueño)	Use CPAP: <input type="radio"/> Yes <input type="radio"/> No Usa CPAP: <input type="radio"/> Sí <input type="radio"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/digestive problems Problemas abdominales/digestivos	
<input type="checkbox"/>	<input type="checkbox"/>	Surgery Last surgery: (MM/YY) Cirugía Última cirugía: (MM/AA) [][]/[][]	
<input type="checkbox"/>	<input type="checkbox"/>	Serious injury Lesión grave	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue or shortness of breath with exercise Fatiga en exceso o dificultad para respirar al hacer ejercicio	
<input type="checkbox"/>	<input type="checkbox"/>	Other Otro	

Emergency contact No.:
Teléfono en caso de emergencia

Allergies:
Alergias

DOB:
Fecha de nacimiento

Part A Full name:
Parte A Nombre completo

HEALTH HISTORY/HISTORIAL MÉDICO

Are you allergic to or do you have any adverse reaction to any of the following?
 ¿Es alérgico a, o le causa alguna reacción adversa cualquiera de los siguientes?

Please fill in the bubbles as indicated:
 Por favor rellene los círculos tal como se indica:

Incorrect: Correct:

Yes/Sí	No/No	Allergies or Reaction to Alergias o Reacciones a	Explain Explique
<input type="radio"/>	<input type="radio"/>	Medication Medicamentos	
<input type="radio"/>	<input type="radio"/>	Food, plants, or insect bites Alimentos, plantas o picaduras de insectos	

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY).

BSA recomienda las siguientes vacunas. La vacuna contra el Tétanos es obligatoria y debe haberla recibido en los últimos 10 años. For cada punto, indique si ha sido vacunado, la fecha en que la recibió (MM/AA), si ha padecido la enfermedad, y la fecha (MM/AA).

Immunized? ¿Vacunado?		Immunizations Vacunas	Date (MM/YY) Fecha (MM/AA)	Had Disease? ¿La ha padecido?		Date (MM/YY) Fecha (MM/AA)
Yes/Sí	No/No			Yes/Sí	No/No	
<input type="radio"/>	<input type="radio"/>	Tetanus Tétano	<input type="text"/> /	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Pertussis Tos ferina		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Diphtheria Difteria		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Measles Sarampión		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Mumps Paperas		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Rubella Rubéola		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Polio Polio		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Chicken pox Varicela		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Hepatitis A Hepatitis A		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Hepatitis B Hepatitis B		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Meningitis Meningitis		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Influenza Influenza		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Other (i.e., Hib) Otra (por ejemplo, Hib)		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>		Exemption to immunizations claimed (form required). Exención de vacunas solicitada (formulario obligatorio).				

MEDICATIONS List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

- No medications
Sin medicamentos
- Additional medications (sheet attached)
Medicamentos adicionales (hoja anexa)

MEDICAMENTOS Enumere todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de sacar una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____
Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____

Administration of the above medications is approved by (if required by your state):
 La administración de los medicamentos arriba mencionados está aprobada por (si lo requiere su estado)

Parent/guardian signature
 Firma del padre o tutor

and/or
 y/o

MD/DO, NP, or PA signature
 Firma del Dr., Enfermera profesional, Asistente médico

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Asegurarse de traer los medicamentos en cantidades suficientes y en los envases originales. Asegurarse de que NO ESTÉN CADUCADOS, incluyendo inhaladores y EpiPens. NO DEBE DEJAR DE tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.

DOB: Fecha de nacimiento

Part A Full name: Nombre completo

DOB: Fecha de nacimiento

Part B Full name: Nombre completo

High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No./Expedición/grupo no.:
or staff position/o puesto fijo:

Part B/Parte B

INFORMED CONSENT AND RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

- Without restrictions./Sin restricciones.
With special considerations or restrictions (list)/Con condiciones especiales o restricciones (lista):

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes/Sí
No/No

NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en Inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exono a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.

DOB: _____
Fecha de nacimiento _____

Part B Full name: _____
Parte B Nombre completo _____

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

- 1. Name/Nombre _____ Telephone/Teléfono _____
- 2. Name/Nombre _____ Telephone/Teléfono _____
- 3. Name/Nombre _____ Telephone/Teléfono _____

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

- 1. Name/Nombre _____ Telephone/Teléfono _____
- 2. Name/Nombre _____ Telephone/Teléfono _____
- 3. Name/Nombre _____ Telephone/Teléfono _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

ADULTOS AUTORIZADOS PARA TRANSPORTAR AL NIÑO HACIA Y DESDE LOS EVENTOS:

Debe designar por lo menos a un adulto. Por favor incluya un número telefónico.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad.

Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, incluyendo los requisitos y restricciones de estatura y peso, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/madre o tutor.

Participant's name/Nombre del participante _____	
Participant's signature/Firma del participante _____	Date/Fecha _____
Parent/guardian's signature/Firma del padre o tutor _____ <small>(if participant is under the age of 18/ si el participante es menor de 18 años)</small>	Date/Fecha _____
Second parent/guardian signature/Firma del otro padre o tutor _____ <small>(if required; for example, CA/ si se requiere; por ejemplo en CA)</small>	Date/Fecha _____

This Annual Health and Medical Record is valid for 12 calendar months.
Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.

Part C/Parte C
Pre-participation Physical
Examen físico previo a la participación

High-adventure base participants:
Participantes en la base de aventura extrema:
 Expedition/crow No.
 Expedición/grupo no.: _____
 or staff position
 o puesto fijo: _____

TO THE EXAMINING HEALTH CARE PROVIDER
 (Certified and licensed physicians [MD, DO], nurse practitioners, and physician assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience as described in Part D. For individuals who will be attending a high-adventure program, either unit-based or at one of the national high-adventure bases, please refer to Part D for additional information.

PARA EL PROVEEDOR DE SERVICIOS DE SALUD QUE REALICE EL RECONOCIMIENTO (Médicos certificados y licenciados, enfermeras profesionales y asistentes médicos)

Se les está solicitando que certifiquen que este individuo no tiene contraindicación para participar en una experiencia Scouting tal como se describe en la Parte D. Para individuos que estarán participando en un programa de aventura extrema, ya sea en la unidad o en una de las bases nacionales de aventura extrema, por favor consulte la Parte D para información adicional.

Height (inches) Weight (pounds) Maximum weight for height Meets height/weight limits
 Estatura (pulgadas) Peso (libras) Máximo peso para la estatura Cumple con los límites de estatura/peso
 Blood pressure / Pulse Percent body fat (optional) Yes/Sí No/No
 Presión arterial / Pulso Porcentaje de grasa corporal (opcional) Sí/No No/No

If you exceed the maximum weight for height as explained on the next page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you will not be allowed to participate. At the discretion of the medical advisers of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a hydrostatic weighing or DXA test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

Si usted excede el peso máximo para su estatura tal como se explica en la siguiente página y su actividad de aventura extrema planeada le llevará a más de 30 minutos de distancia de una vía con acceso para un vehículo de emergencia, usted no podrá participar. A juicio de los consejeros médicos del evento o campamento, la participación de un individuo que exceda el peso máximo para su estatura puede permitirse si el porcentaje de grasa corporal medida por el proveedor de servicios de salud determina que es 20 por ciento o menos para una mujer o 15 por ciento o menos para un hombre. (Philmont requiere que se use una prueba de peso hidrostático o de densitometría ósea para determinarlo). Por favor llame al líder del evento o del campamento si tiene preguntas. El cumplimiento de los lineamientos de estatura y peso se recomienda encarecidamente para todos los demás eventos.

DOB: Fecha de nacimiento

Examiner: Please fill in the information. Please fill in the bubbles as indicated: Incorrect: Correct:
Examinador: Favor de completar la información. Por favor rellene los círculos tal como se indica: Incorrecto Correcto

	Normal Normal	Abnormal Anormal	Explain Any Abnormalities Explique cualquier anomalía	Range of Mobility Rango de movilidad	Normal Normal	Abnormal Anormal	Explain Any Abnormalities Explique cualquier anomalía
Eyes Ojos	<input type="radio"/>	<input type="radio"/>		Knees (both) Rodillas (ambas)	<input type="radio"/>	<input type="radio"/>	
Ears Oídos	<input type="radio"/>	<input type="radio"/>		Ankles (both) Tobillos (ambos)	<input type="radio"/>	<input type="radio"/>	
Nose Nariz	<input type="radio"/>	<input type="radio"/>		Spine Espina	<input type="radio"/>	<input type="radio"/>	
Throat Garganta	<input type="radio"/>	<input type="radio"/>					
Lungs Pulmones	<input type="radio"/>	<input type="radio"/>					
Neurological Neurológico	<input type="radio"/>	<input type="radio"/>		Other Otro	Yes Sí	No No	Explain Explique
Heart Corazón	<input type="radio"/>	<input type="radio"/>		Personal or family history of heart disease Historial personal o familiar de enfermedad cardíaca	<input type="radio"/>	<input type="radio"/>	
Abdomen Abdomen	<input type="radio"/>	<input type="radio"/>		Medical equipment (i.e., CPAP, oxygen) Equipo médico (por ejemplo, CPAP, oxígeno)	<input type="radio"/>	<input type="radio"/>	
Genitalia/hernia Genitales/hernia	<input type="radio"/>	<input type="radio"/>		Contacts Lentes de contacto	<input type="radio"/>	<input type="radio"/>	
Skin Piel	<input type="radio"/>	<input type="radio"/>		Dentures Dentaduras	<input type="radio"/>	<input type="radio"/>	
Emotional adjustment Ajuste emocional	<input type="radio"/>	<input type="radio"/>		Braces Tratamientos de ortodoncia	<input type="radio"/>	<input type="radio"/>	

Tuberculosis (TB) skin test (if required by your state for BSA camp staff): Negative/Negativo Positive/Positivo
 Prueba de Tuberculosis (TB) (si lo requiere su estado para personal del campamento BSA)

Allergies/Alergias: No/No Yes/Sí (explain to what agent, type of reaction, treatment/explique a qué agente, tipo de reacción, tratamiento):

Medical restrictions to participate/Restricciones médicas para participar: No/No Yes/Sí (explain/explique):

Part C Full name: Parte C Nombre completo

**EXAMINER'S CERTIFICATION
CERTIFICACIÓN
DEL EXAMINADOR**

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions above):

Certifico que he revisado el historial médico, examinado a esta persona y no encuentro contradicciones para su participación en una experiencia Scouting. Este participante (con las restricciones descritas anteriormente):

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:

- | | | | |
|-----------------------|-----------------------|----------------------------------|----------------------------------|
| True
Cierto | False
Falso | Incorrect:
Incorrecto | Correct:
Correcto |
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
- Meets height/weight requirements**
Cumple con los requisitos de estatura/peso
 - Does not have uncontrolled heart disease, asthma, or hypertension**
No tiene cardiopatía, asma o hipertensión incontrolados
 - Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician**
No ha tenido una lesión ortopédica, problemas musculoesqueléticos o cirugía ortopédica en los últimos seis meses o posee una carta de autorización por parte de su cirujano ortopédico o médico
 - Has no uncontrolled psychiatric disorders**
No tiene trastornos psiquiátricos incontrolados
 - Has had no seizures in the last year**
No ha tenido convulsiones en el último año
 - Does not have poorly controlled diabetes**
No tiene diabetes mal controlada
 - If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures**
Si tiene menos de 18 años de edad y piensa realizar buceo, no tiene diabetes, asma o convulsiones
 - I have reviewed Part D for high-adventure activities.**
He revisado la Parte D para actividades de aventura extrema.

Provider printed name
Nombre del proveedor _____

Address
Domicilio _____

City, state, zip
Ciudad, estado, código postal _____

Office phone
Teléfono del consultorio _____

Date
Fecha _____

Examiner signature in the box below.
Firma del examinador en el recuadro de abajo.

Height (inches) Estatura (pulgadas)	Recommended Weight (lbs) Peso recomendado (libras)	Allowable Exception Excepción permitida	Maximum Acceptance Aceptación máxima
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Esta tabla está basada en los Lineamientos dietéticos para estadounidenses del Departamento de Agricultura de los EE.UU. y del Departamento de Salud y Servicios Humanos.

**DO NOT WRITE IN THIS BOX
NO ESCRIBA EN ESTE RECUADRO**

REVIEW FOR CAMP OR SPECIAL ACTIVITY/REVISIÓN PARA CAMPAMENTO O ACTIVIDAD ESPECIAL

Reviewed by
Revisado por _____

Date
Fecha _____

Further approval required Yes No
Se requiere aprobación adicional Sí No

Reason
Razón _____

Approved by
Aprobado por _____

Date
Fecha _____

Click [here](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) for more information regarding high-adventure outings or go to www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.
Haga clic [aquí](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) para obtener más información sobre las excursiones de aventura extrema o visite www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.

DOB: Fecha de nacimiento

Part C Full name: Nombre completo



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number) _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee _____	Today's Date (mm/dd/yyyy) _____
-----------------------------	---------------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2017</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details.	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Attach the following documents

- Copy of Hazardous Weather Training Certificate. (www.myscouting.org)
- Copy of Identification. (Driver's License or School ID with photo, see I-9 instructions)
- Copy of Medical Insurance card.
- Copy of Sexual Offender Background Check. These documents contain sensitive information and will be secured in a locked file at camp. Access is to be limited by only those who have a genuine need to know. Instructions

1. Go to the Texas Department of Public Safety Criminal Records Service website:
https://records.txdps.state.tx.us/DPS_WEB/SorNew/index.aspx
2. Click on Name.

TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME RECORDS SERVICE

TxDPS Public Site TxDPS Secure Site Español Print Help

TXDPS - Sex Offender Registry [Sign In](#)

Sex Offender Searches

- Name
- Address
- County
- School
- National
- Zip code

3. Scroll down and click on Agree to terms.

I have read the Web Site Caveats and agree to the terms

4. Search using first name, last name and date of birth.
5. Print out the results.

TxDPS Public Site TxDPS Secure Site Español Print Help

TXDPS - Public Sex Offender Registry - Registry Search

Home | [New Search](#) [Sign In](#)

Search Type: Name | Address | Zip code | County | School | National

Name Search Parameters

Last Name

First Name

Birth Date

Sex

- Copy of Social Security card.

- Copy of Youth Protection Training card. Instructions: Go to www.myscouting.org. After taking the test, click on SUBMIT. You will be directed to a page giving the results and that asks you to close the page and to REFRESH. If you do not REFRESH, the yellow or blue dot next to Youth Protection Training, the dot will not change to green. You may also close out and re-logout so that the page refreshes automatically. Once the dot is green, click on Youth Protection Training again and a window will open. Click on VIEW CERTIFICATE. Print the certificate (FILE, PRINT, OK).

Additional Information Provided Below:

- Sample Unit Leader Appraisal for Camp Staff (from for the Unit Leader is available at www.shac.org/forms)
- Sample Letter of Employment (will be sent after Staff position is approved)
- I-9 Instructions (for page 11)
- W-4 Instructions (for page 15)