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: _____ SSN: __ __ __ __ __ __ __ __ __
(mm/dd/yyyy)

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: _____