

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
Cockrell River Camp Summer Camp: Week: 1 2 3 4 5 6
Rough Riders: Week: 1 2 3 4 5 6
Super Troop: Week: 1 2 3 4 5 6
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: