Adult in Camp State Compliance Form

Name (First Middle Last)		DOB (mm/dd/yyyy)		
Unit (Type & Number)	District:	Co	ouncil:	
he Following questions are required by the State	e of Texas Youth Camp Safe	ty Act and must	be completed to atten	d a Texas Youth Cam
Scouting Background (position, council, year):				
Experience Working with Youth in other organiz	ations:			
Previous Residences (last 5 years):				
Current Memberships (religious, community, bu	siness, labor, or professiona):		
Carrone moniporonipo (rongiodo, community, pa	omess, label, or prefessiona	<i>y</i> .		
References. Please list those who are familiar winecessary.	ith your character as it relate	s to working with	youth. References w	vill be checked when
Name:		Phone:		
Name:		Phone:		
Name:		Phone:		
Additional Information. Mark each answer Yes or	r No.			
Do you use illegal drugs? Have you ever been convicted of a criminal offe	ense?		Yes Yes	No No
Have you ever been charged with child neglect		<u> </u>	Yes	No
Has your Driver's License ever been suspended Other than the information above, is there any fa		VOLL OF VOLLE	Yes	No
background that would call into question you be				
guidance, and care of young people?			Yes	No
A criminal background check is required by the Sagree to this background check to be eligible to a		of camp and will		
Signature:				
Date:				