

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?

Scott Scout Ranch 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 Three Rivers Council.

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

7. Signature: _____ **Date:** _____