South Texas Council

Scouting America

ADULT IN CAMP STATE COMPLIANCE FORM

(A criminal background check is required by the State of Texas within 90 days of camp annually for all adults 18yrs old and older. The South Texas Council will conduct a background check to comply with state requirements.)

Yes, completed form is needed for this event as all other previously submitted forms are shredded after prior events!

Please submit the form two weeks prior to the event. OR if you sign up later than that; submit as soon as you sign up.

COMPLETED FORM MUST BE SENT TO SAMULA JACKSON AT THE COUNCIL SERVICE CENTER AT LEAST TWO WEEKS PRIOR TO ARRIVAL AT CAMP. samula.jackson@scouting.org or fax 361-814-5798

Activity Date(s) From: _____

List event or activity from list below for which this form will be used: _____

Use this space to write in activity name (if not listed below): _____

Event or Activity

Cub Scout Day Camp	**Cub Scout Resident Camp**	**Cub Scout Family Campouts**
Cub Scout Winter Camp	**Venture Camporee/Shooting Sports**	**National Youth Leadership Training**
Outdoor Trainings Etc.	**District or Council Camporee**	**Scouts BSA Merit Badge Mania**
Scouts BSA Summer Camp :		

Unit Type: (Circle one) Pack-------Troop-------Crew-------Post-------(Other)_____ _

Unit Number: _____ **UNIT LEADER NAME:** _____

First Name: (Print) _____ Middle Name: (Print) _____

Last Name: (Print) _____ Another Last Name: (Print) _____

Social Security Number: - _____ **-** _____**-** _____ **(REQUIRED)**

Sex (please check): Male Female

Date of Birth: _____/_____/_____ **(REQUIRED)**

Month day year

Street Number (No PO Box): _____Street Name: _____

City: _____ State: _____ Zip: _____ County: _____

Phone (H)_____ Phone: (Cell) _____ _____

Email Address_____.

I agree to this background check to be eligible to attend camp.

Required Signature: _____ Date: _____

If this event includes youth attendance, please print a FULL NAME list of youth attending with you.

Please Indicate Gender and Rank.

YOUTH NAME_____Gender_____Rank_____

YOUTH NAME_____Gender_____Rank_____

YOUTH NAME_____Gender_____Rank_____

Note: Confidential personal information will be safeguarded following BSA guidelines and policy. If you have any questions or concerns, contact the camp director for the specific camp you are attending or the Council Scout Executive.

You may also find a "fillable" Compliance form on our website: www.southtexasbsa.org – Under RESOURCES

ALL ADULTS ATTENDING: YOUTH PROTECTION TRAINING – Date taken:

Month_____Date_____Year_____(REQUIRED)

Must be current (annually)