

# 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](mailto: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](http://www.southtexasbsa.org) – Under RESOURCES

**ALL ADULTS ATTENDING: YOUTH PROTECTION TRAINING – Date taken:**  
Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ **(REQUIRED)**  
Must be current (annually)