

# Texas Youth Camps Safety and Health Act FORM

**Due to: BSA-CAC, 12500 North IH-35, ATX, 78753 or fax 512-926-6870 by May 15.**

On April 16, 2006, the state of Texas passed into law new regulations that affect the Texas Youth Camps Safety and Health Act (Title 25, Part 1, Chapter 265, Subchapter B, Rule 265.12(f)(f1a)(f2)(g). This new rule affects all licensed youth camps in the state of Texas and became effective June 1, 2006. In order for the Boy Scouts of America and the Capitol Area Council to comply with the new state law on protecting our youth camp participants we must require each leader to provide the items listed below. Your understanding and assistance in this important matter is greatly appreciated.

For every adult age 18 and older who will be attending camp even for one day, each unit must provide all of the following items for that person to be able to attend camp.

This act requires all adult volunteers, 18 years and older, to undergo a criminal background check. By submitting this form you are authorizing a criminal background check of yourself.

This check will be made from public record sources. You will have an opportunity to review and challenge any adverse information disclosed by this check.

TROOP Number: \_\_\_\_\_ CAMP WEEK: \_\_\_\_\_

Adult applicant FULL LEGAL name: (first, middle, last) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City,ST Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Answer the Following Questions

Do you use illegal drugs? YES NO

Have you ever been convicted of a criminal offense? YES NO

(If yes, explain on back of page)

Have you ever been charged with child neglect or abuse? YES NO

Has your driver's license ever been suspended or revoked? YES NO

(If yes, explain on back of page)

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of youth? (If yes, explain on back of page)

Character references:

Contact phone:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Submit this form to Capitol Area Council by May 15 via mail, fax or email to: 12500 North IH-35, Austin, TX 78753 or 512-926-6870 fax or [564roster@scoutinga.org](mailto:564roster@scoutinga.org)

Date application received \_\_\_\_\_

OFFICE USE ONLY

Date application approved \_\_\_\_\_

Date application sent to Camp Director \_\_\_\_\_

Approved by \_\_\_\_\_ Title \_\_\_\_\_

**BOY SCOUT SUMMER CAMP**