YOUTH CAMPS, INC. P.O. BOX 765 COMFORT, TEXAS 78013

Counselor/Volunteer Information File for:

	(Name of Counselor/Volunteer)	(date)
CHAF	RACTER/ INTEGRITY REFERENCE: (must be signed by non-re Counselor/Volunteer)	elation to
I have	personally known(Name of Counselor/Volunteer)	for years.
	ler character is above reproach and his/her integrity is unquestioned. He /a counselor of young people from:	She is well suited
Church	1	_
City	State	-
at the	POT O' GOLD RANCH, Comfort, Texas, for the week of:	
	/ to/, 20	
Signed		
Addres	ss	
City/St	ate/ Zip	_
Phone_	-	
PERS	SONAL STATEMENT OF RECORD: (must be signed by the Count	selor/Volunteer)
A.	I verify by my initials that I have not been convicted of any felony or minimum. (Initial)	sdemeanor.
В.	I verify by my initials that I am not a registered sex offender (Initial)	
I certif	y that the information stated in this section is true and correct to the best	of my knowledge.
Signed	!	
	(Counselor/Volunteer)	

Note: Anyone unable to initial both A and B must provide court approved documentation of their conviction.