

Whole Unit Forms

The following documents will need to be submitted to Camp Alexander prior to arrival. Each unit will have ONE leader responsible for submitting documents.

1. Adult Reference Forms (leader signed form and 3 character references). In alphabetical order by last name.
2. Adult leader proof of BSA registration & YPT. – Please submit 'YPT Aging Report' from my.scouting *INSTRUCTIONS BELOW*
3. Unit Swim Classification Records (with copy of administrator's certification).

**EVERY ADULT LEADER ATTENDING CAMP ALEXANDER SUMMER CAMP MUST COMPLETE THIS LEADER
REFERENCE FORM:**

PURSUANT TO: COLORADO DEPARTMENT OF HUMAN SERVICES,
MINIMUM RULES AND REGULATIONS FOR CHILDREN'S CAMPS
GENERAL REQUIREMENTS FOR ALL PERSONNEL 7.711.21D & GENERAL RULES 7.701.53A

LEADER NAME: _____ **TROOP NUMBER:** _____

COUNCIL _____ **DATE ATTENDING CAMP:** _____

**THIS FORM IS TO BE FILLED OUT BY ANY ADULT WHO WILL BE SPENDING A NIGHT AT CAMP ALEXANDER
DURING OUR SUMMER CAMPING SEASON.**

1. ROLE OF THE ADULT LEADER IN CAMP:

It is the role of the adult leader to supervise and monitor the youth in their unit. Unit leaders shall not have any other duties that would detract from the responsibility of service as a leader.

2. CHARGES OR CONVICTIONS:

Have you ever been charged with or convicted of any charges of child abuse or neglect, unlawful sexual offense, or any felony?

Check one

☐ **YES**

☐ **NO**

3. UNDERSTANDING & REPORTING OF CHILD ABUSE:

Child abuse consists of a wide variety of different problems. Usually these are categorized as physical abuse, emotional abuse, sexual abuse and neglect. Physical abuse is the injury of the child by other than accidental means. Emotional abuse is the constant belittling, criticizing, yelling at and verbal tearing down of the child. Sexual abuse is any sexual activity between a child and an adult, or sexual activity involving children in which the age, size or other power factors between the participants is unequal. Child neglect is failure to provide necessary nurturance when resources are available to do so.

Under the "Child Protection Act of 1987" (C.R.S. 19-3-301) in the Colorado Children's Code, leaders are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a leader has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report" such information to the Camp Director. It is not the leader's role to investigate suspected abuse – only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A leader who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 18-1-106, C.R.S.

I have read and understand the above requirements concerning my responsibility regarding child abuse reporting, and my role of the adult leader in camp.

Signature _____

Date _____

CHARACTER REFERENCE #1:

This section to be completed by an individual who knows the adult and who can provide a frank evaluation of the adult's suitability in working with children during a week-long camp.

CHECK THE WORD THAT BEST DESCRIBES THE ADULT LEADER

ATTITUDE: ☐ ENTHUSIASTIC ☐ POSITIVE ☐ ACCEPTABLE ☐ NEGATIVE
COMMON SENSE: ☐ ALWAYS SOUND ☐ USUALLY SOUND ☐ NEEDS DIRECTION ☐ NONE
INTEGRITY: ☐ TRUSTWORTHY ☐ USUALLY RELIABLE ☐ LACKING

WOULD YOU TRUST THE CARE OF YOUR CHILD WITH THIS PERSON? ☐ YES ☐ NO
I RECOMMEND THIS PERSON AS AN ADULT LEADER: ☐ YES ☐ NO

SIGNATURE _____ DATE _____

PRINTED NAME _____ PHONE # _____

CHARACTER REFERENCE #2:

This section to be completed by an individual who knows the adult and who can provide a frank evaluation of the adult's suitability in working with children during a week-long camp.

CHECK THE WORD THAT BEST DESCRIBES THE ADULT LEADER

ATTITUDE: ☐ ENTHUSIASTIC ☐ POSITIVE ☐ ACCEPTABLE ☐ NEGATIVE
COMMON SENSE: ☐ ALWAYS SOUND ☐ USUALLY SOUND ☐ NEEDS DIRECTION ☐ NONE
INTEGRITY: ☐ TRUSTWORTHY ☐ USUALLY RELIABLE ☐ LACKING

WOULD YOU TRUST THE CARE OF YOUR CHILD WITH THIS PERSON? ☐ YES ☐ NO
I RECOMMEND THIS PERSON AS AN ADULT LEADER: ☐ YES ☐ NO

SIGNATURE _____ DATE _____

PRINTED NAME _____ PHONE # _____

CHARACTER REFERENCE #3:

This section to be completed by an individual who knows the adult and who can provide a frank evaluation of the adult's suitability in working with children during a week-long camp.

CHECK THE WORD THAT BEST DESCRIBES THE ADULT LEADER

ATTITUDE: ☐ ENTHUSIASTIC ☐ POSITIVE ☐ ACCEPTABLE ☐ NEGATIVE
COMMON SENSE: ☐ ALWAYS SOUND ☐ USUALLY SOUND ☐ NEEDS DIRECTION ☐ NONE
INTEGRITY: ☐ TRUSTWORTHY ☐ USUALLY RELIABLE ☐ LACKING

WOULD YOU TRUST THE CARE OF YOUR CHILD WITH THIS PERSON? ☐ YES ☐ NO
I RECOMMEND THIS PERSON AS AN ADULT LEADER: ☐ YES ☐ NO

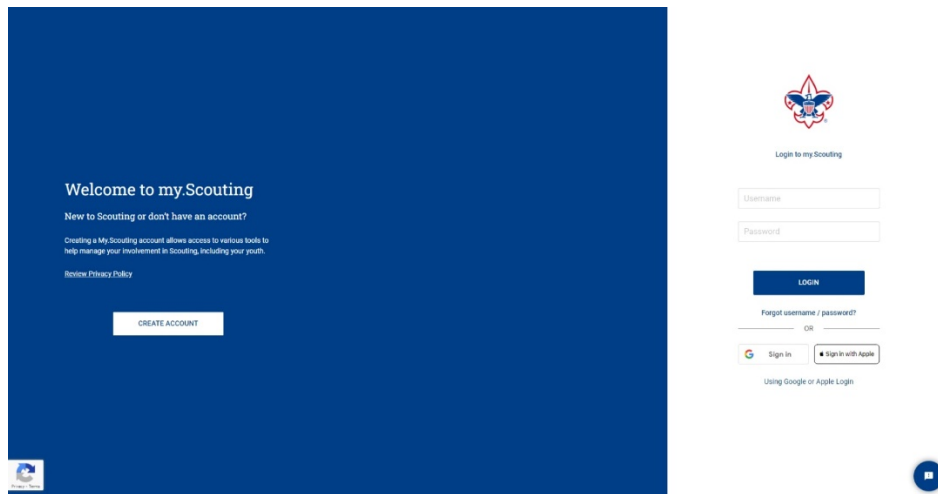
SIGNATURE _____ DATE _____

PRINTED NAME _____ PHONE # _____

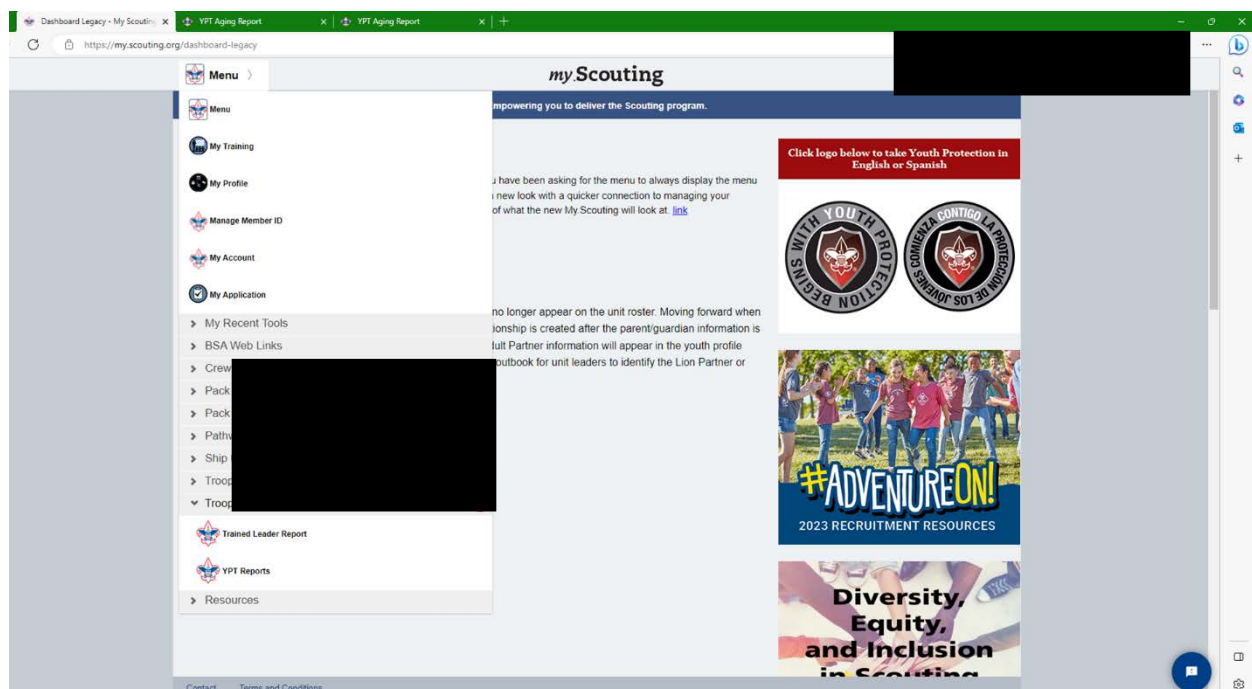
Each unit must submit proof of BSA registration & proof of current YPT for each adult attending Camp Alexander. Please note that leaders and youth must be registered in the unit that they attend summer camp with.

We ask that you submit a 'YPT Aging Report' from my.scouting. Below are the instructions on how to download it.


- Go to my.scouting.org and log in:



- In the 'Menu' dropdown you can see your Troop and the dropdown below that has a selection called 'YPT Reports'



- You should be taken to this page, choose the 'Export to PDF' button. The document that is downloaded is the PDF you need to submit.

 **BOY SCOUTS OF AMERICA®** YPT Aging Report

This information is to be used only for authorized purposes on behalf of the Boy Scouts of America. Disclosing, copying, or making any inappropriate use of this roster information is strictly prohibited.

Council
Organization Name
Report Generated By
Date Report Generated

Export to CSVExport to CSV (Missing YPT)Export to PDF

FILTERGroup by: Org StructureREFRESHRELOAD

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District	Sub District	Program	Unit Number	Gender Accepted	Chartered Org Name	First Name	Middle Name	Last Name	Member ID	Position	Status	Effective Through	Youth Protection Code	Y01 Completed	Y01 Expires
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Swim Classification Record

(Changes and/or corrections to the following chart should be initialed and dated by the test supervisor.)

Unit Number _____

Date of Swim Test _____

	Full Name (Print) (Draw lines through blank spaces)	Medical Recheck Parts A-B	Swim Classification		
			Non-Swimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The swim classification test performed at a unit level should be conducted by one of the following council-approved resource people: Aquatics Instructor, BSA; BSA Lifeguard; BSA Swimming & Water Rescue; or other lifeguard, swimming instructor, etc. Test administrators should utilize chapter 5 of the [BSA Aquatics Supervision Guide](#).

NAME OF PERSON SUPERVISING & FACILITATING THE SWIM TEST:

Print Name

Signature

Type of Authorization/Training
(Attach a copy of certification if required by council procedure)

Expiration Date if applicable

SWIM CLASSIFICATION PROCEDURES

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in Safe Swim Defense and Safety Afloat. These swim classification tests are a foundational unit of the Aquatics Continuum.

All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the individual's circumstances in the water.

SWIM TESTS FOR COUNCIL ACTIVITIES

Swim tests for **council activities** are conducted following procedures approved by a council-level committee, preferably the Council Aquatics Committee. The council committee should use the guidance contained in *BSA Aquatics Management Guide*. SPECIAL NOTE: When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

REGARDLESS OF WHERE OR WHEN THE SWIM TEST IS GIVEN THE FOLLOWING PROCEDURES APPLY:

- **The test is given one-on-one.** The test administrator and the swimmer are buddies during the administration of the test.
- **Each component of the test is important.** The test must not be changed either to assist the Scout or to expedite the process.
- **The test must be completed without aid or support.** Aid includes lifejackets, wetsuits, fins, etc. Swim goggles may be used to avoid eye irritation.
- **Swim tests must be renewed annually,** preferably at the beginning of the outdoor season.

TO THE SWIM TEST ADMINISTRATOR

SWIMMER'S TEST:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

BEGINNER'S TEST:

Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resumeswimming as before, and return to starting place.

Anyone who has not completed the beginner or swimmer tests is classified as a **nonswimmer**.