ALL COMMISSIONERS ATTENDING BEN DELATOUR
SCOUT RANCH SUMMER CAMP MUST COMPLETE THIS
LEADER’S 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 AND GENERAL RULES 7.701.53A

Leader’s Name: ______________________________________
Troop #: _____________ Council: _______________________
Dates attending camp: _________________________________

This form is to be filled out by any adult who will be spending a night at Ben Delatour Scout Ranch – Boy Scout Camps – during our summer camping season.

1- ROLE OF THE COMMISSIONER IN CAMP:
The commissioner is a camp staff member who has a working knowledge of the Boy Scouts of America. Commissioners should have the personality and general ability to work with both young people and adults.

Important traits of a commissioner include a neat appearance (uniform), tact, cooperation, cheerfulness, sincerity, adaptability, promptness, and ability to take the initiative.

2- CHARGES OR CONVICTIONS:
Have you ever been charged with or convicted of any charge of child abuse or neglect, unlawful sexual offense, or felony? Circle one: YES NO

3- PERJURY & 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.

Perjury Statement: Any Adult who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly. Suspected Child Abuse can be reported to the Larimer County Dept of Human Services – 970-498-6300.

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

Signature __________________ Date: ___________
These character references must be completed by three different individuals.

Character Reference #1:
This section is to be completed by an individual who knows the adult and who can provide an honest evaluation of the adult’s suitability in working with children during a week-long camp.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Enthusiastic</th>
<th>Positive</th>
<th>Acceptable</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Sense</td>
<td>Always Sound</td>
<td>Usually Sound</td>
<td>Needs Directions</td>
<td>None</td>
</tr>
<tr>
<td>Integrity</td>
<td>Trustworthy</td>
<td>Usually Reliable</td>
<td>Lacking</td>
<td></td>
</tr>
</tbody>
</table>

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: ________________ Telephone: ____________

Character Reference #2:
This section is to be completed by an individual who knows the adult and who can provide an honest evaluation of the adult’s suitability in working with children during a week-long camp.

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<td>Lacking</td>
<td></td>
</tr>
</tbody>
</table>

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: ________________ Telephone: ____________

Character Reference #3:
This section is to be completed by an individual who knows the adult and who can provide an honest evaluation of the adult’s suitability in working with children during a week-long camp.

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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: ________________ Telephone: ____________
Longs Peak Council
Boy Scouts of America

Return to:
Longs Peak Council
Boy Scouts of America
PO Box 1166
Greeley, CO 80632-1166

Bring a copy to camp with your Med form

Date: _____/_____/_____

Camp Preference:
___ Camp Laramie Peak (Wyoming)
___ Camp Charles Jeffrey (Ben Delatour Scout Ranch - Colorado)
___ Soaring Eagle (Ben Delatour Scout Ranch - Colorado)
___ Jack Nicol - Cub Scout Camp (Ben Delatour Scout Ranch - Colorado)
___ Soaring Eagle (Ben Delatour Scout Ranch - Colorado)
___ Jack Nicol - Cub Scout Camp (Ben Delatour Scout Ranch - Colorado)
___ Camp Jack
___ Camp Patiya

Basic Personal Information:

Name: ____________________________
Home Address: ______________________
City, State Zip: _____________________
Telephone: _________________________
Best time to call the above number: _____
Current Mailing Address (if different from above):
_________________________________
_________________________________
_________________________________

Email Address:
_________________________________

Driver’s License Number and State:
_________________________________

___ I am currently certified in Youth Protection. Expiration Date: _____/_____/_____

___ I am currently registered with the Boy Scouts of America.

Unit type: __________
Number: __________
Current Position: __________
Years of Scouting Experience: _______

Emergency Contact Information:

Name and Relationship: ____________________________
Phone - home: ____________________________
Phone - cell: ____________________________
Email: ____________________________

All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a health problem or disability that is unrelated to the person’s ability to perform the job assigned.