

Unit #: \_\_\_\_\_

**Council Verification of AB 506 Compliance**

Camp Attending: \_\_\_\_\_

Council: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Pack Troop Crew Post

Confirm that the listed Adult(s) are in compliance with the following:

- Currently registered member of the Boy Scouts of America through a unit, district or local Council.
- Current BSA Youth Protection Training
- AB 506 Volunteer Training Complete
- AB 506 Live Scan & Background Check Complete

Please mark "Yes" or "No" if the listed Adult(s) are in compliance with the above items.

	Last Name	First Name	Member ID	Currently Registered (Yes/ No)	Current BSA YPT (Yes/ No)	AB 506 Training (Yes/ No)	Live Scan & Background Check (Yes/ No)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

X \_\_\_\_\_

Council Verification (Sign)

Printed Name

Date

X \_\_\_\_\_

Unit Leader Verification (Sign)

Printed Name

Date

***Provide one copy to camp and retain one copy for unit record.***