

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.
- Valid Youth Protection Training Certificate
- AB 506 Volunteer Training Certificate 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 YPT (Yes/ No)	AB 506 Cert (Yes/ No)	Live Scan & Fingerprint (Yes/ No)	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.***