

# MERIDIAN DISTRICT CUB SCOUT DAY CAMP - 2023

## *Adult Leader Forms Packet*

Please fill out the attached forms on the following pages.

Please note that the different forms go to different people!

**Medical Form, Insurance Card, & Camp Staff Agreement Form** MUST be turned into your **PACK COORDINATOR by Monday, May 1** or sooner as they have indicated. If you are not sure who your coordinator is, contact your pack leaders or [meridiandaycamp@bsameridian.com](mailto:meridiandaycamp@bsameridian.com). If you are not associated with a Cub Scout Pack, reach out to [meridiandaycamp@bsameridian.com](mailto:meridiandaycamp@bsameridian.com).

**BSA Adult Application & YPT Certificate**, MUST be turned **by Monday, May 1** or sooner to Brian Cole, [brian.cole@bsameridian.com](mailto:brian.cole@bsameridian.com).

<input type="checkbox"/>	Medical Form – Parts A & B (give us the copy, you keep the original)
<input type="checkbox"/>	Insurance Card – (give us the copy, you keep the original)
<input type="checkbox"/>	Camp Staff Agreement Form
<input type="checkbox"/>	BSA Adult Application (ONLY REQUIRED IF <u>NOT</u> CURRENTLY REGISTERED WITH BSA AS A SCOUT LEADER). If in doubt, check with your pack coordinator or email <a href="mailto:meridiandaycamp@bsameridian.com">meridiandaycamp@bsameridian.com</a> .
<input type="checkbox"/>	Youth Protection Training (YPT) Certificate (ONLY REQUIRED IF <u>NOT</u> TAKEN SINCE JANUARY 2022 and volunteering onsite at day camp); give us the copy, you keep the original. If in doubt, check with your pack coordinator or email <a href="mailto:meridiandaycamp@bsameridian.com">meridiandaycamp@bsameridian.com</a> .
<input type="checkbox"/>	California AB 506 Online Training & Live Scan background check (required if volunteering for more than 16 hours onsite at day camp).

### NOTES:

If you are currently registered with a pack or troop, no BSA application (or copy) is needed. If in doubt, check with your pack coordinator or email [meridiandaycamp@bsameridian.com](mailto:meridiandaycamp@bsameridian.com).

<p style="text-align: center;"><b>Day Camp Core Staff</b></p> <p>Cassie dela Cruz    Camp Director <a href="mailto:meridiandaycamp@bsameridian.com">meridiandaycamp@bsameridian.com</a></p>	<p style="text-align: center;"><b>Day Camp Core Staff</b></p> <p>Brian Cole            Meridian District Executive <a href="mailto:brian.cole@scouting.org">brian.cole@scouting.org</a></p>
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## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

High-adventure base participants:  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

### In case of emergency, notify the person below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

High-adventure base participants:  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  
 YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  
 YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_  
 Administration of the above medications is approved for youth by:  
 \_\_\_\_\_ / \_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



**Insurance Card – (give us the copy, you keep the original)**

# MERIDIAN CUB SCOUT DAY CAMP STAFF AGREEMENT

June 12-16, 2023

I, \_\_\_\_\_, agree to accept a volunteer position at the Cub Scout Day Camp and serve in the position of \_\_\_\_\_ together with such other duties as may be assigned by the Camp Director for the Meridian Cub Scout Day Camp during the dates shown above.

I further agree to serve as a volunteer, in a manner consistent with the Cub Scout Promise and Law of the Pack, and the National Standards for Cub Scout day camping. I also agree to the terms below:

- I do not expect payment of any sort for my services.
- I have received a copy of the Staff manual (or viewed it online) and will adhere to it.
- I have reviewed the Rules of Camp (or viewed them online) and I will adhere to them.
- Staff camp shirts will be provided and all staff member will be required to wear the official camp uniform while on duty, as prescribed by the Camp Director. Neatness and cleanliness in person and living quarters is a fundamental obligation.
- I understand that I am expected to make myself available, to the best of my ability, on the Monday morning before and Friday afternoon after Day Camp to help set-up and take down camp.
- I understand that I am part of a team and will do my best to be on time.
- I agree to park my car in the designated parking area.
- I agree to abstain from the use of profanity.
- I agree that smoking/vaping will not be allowed in camp.
- I agree that there will be no alcoholic beverages or controlled substances consumed on the Day Camp grounds.
- I agree to adhere to the BSA guidelines and policies on Youth Protection and to report any incidents of abuse, suspected or obvious, to the proper authorities.

A volunteer member may not use or be under the influence of alcohol or drugs not prescribed by a physician. Such use or influence may be cause for immediate removal from the camp. Other misconduct or failure to perform according to the job description, after reasonable warning and consultation with the Camp Director or Program Director, will be cause for removal and could render the volunteer useless for further volunteer services.

I understand and accept the above stated conditions for being a volunteer staff member at camp.

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Signature

Date

BSA ADULT APPLICATION

All fields must be completed in order to process your registration.

First name (Full legal name) Middle name Last name Suffix

Country Home Address Date of Birth (mm/dd/yyyy)

City State Zip Social Security Number (required)

Ethnic background: Black/African Caucasian/White Native American Hispanic/Latino Alaska Native Pacific Islander Asian Other Gender: M F

Primary phone Alternate phone Extension Scout Life subscription

Please select your preference of communication: Email Phone Call SMS/Text Occupation

Email address

Are you an Eagle Scout? Yes No If so, enter date earned Eagle (mm/dd/yyyy) Employer

All questions MUST be answered. Write NONE if not applicable.

1. Scouting background. POSITION COUNCIL YEAR

2. Experience working with youth in other organizations. Please provide contact information.

3. Previous residences (for last 10 years). CITY STATE

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character. References may be checked.

Name Telephone Name Telephone Name Telephone

6. Additional information. (Mark each answer.) Yes No

a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:

b. Do you use illegal drugs or abuse alcohol? Explain: Yes No

c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain: Yes No

d. Has your driver's license ever been suspended or revoked? Explain: Yes No

e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain: Yes No

f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people? Yes No

I hereby certify that INITIALS REQUIRED Signature of applicant Date YPT completion certificate attached and Background Check Authorization form attached

TO BE COMPLETED BY UNIT

Careful review of the information provided on this application is a significant step in Scouting's efforts to protect its youth members and deliver a quality program. All applications should be submitted to the local council within 5 business days.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of Chartered Organization Head or representative Date

Unit type: Pack Troop Crew Ship New leader Former leader Position change Participant

Unit No. or District name

Scouting Position Code Scouting Position Title

Registration fee Scout Life fee PAID: Cash Check No. Credit card

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in the BSA.

Signature of Scout Executive or designee Date

If applicant has a current registration in another unit or local council, the registration may be completed at no charge by transferring the registration or multiple registering.

Unit No. or District name

Transferring from Unit/Council: Transfer application Multiple application Pack Troop Crew Ship

Enter membership number from unexpired registration:

**ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION**

Additional Disclosures

*The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.*

**Minnesota:** You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

**New York:** Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the “Company”) may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with the Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Boy Scouts of America, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079. You may also contact the Company by email at MembershipStandards@scouting.org

**AUTHORIZATION**

(Please print)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

List any other names used (nickname, maiden/married last names): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Unit Type and Number: \_\_\_\_\_

To the extent permitted by applicable law, I hereby consent to and authorize the Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, and/or successors (the “Company”) to procure consumer report(s) (as defined by federal law) and/or investigative consumer report(s) (as defined by applicable California state law), which in my case means criminal background check(s)/driving record(s), on my background from a consumer reporting agency (“CRA”) or from an investigative consumer reporting agency (“ICRA”), as described in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)** (each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. This authorization applies only to criminal checks/driving records and does not allow the Company to obtain credit checks. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree the Company can procure additional consumer report(s), which in my case means criminal background check(s)/driving record(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with the Company’s local councils and/or chartered organizations for business reasons (e.g., to place me in certain positions, work sites, etc.). I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

**For California, Minnesota, or Oklahoma individuals:** If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that the Company may procure, please check this box.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Youth Protection Training (YPT) Certificate

## IMPORTANT NOTES:

- ONLY REQUIRED IF you are working with youth. If you are directing traffic, setting up or taking down, or doing prep work for camp, you do not need to take YPT.
- ONLY REQUIRED IF NOT TAKEN SINCE JANUARY 2022. Your YPT MUST be current through the end of July.
- Give us the copy, you keep the original.

## Taking Youth Protection Training (YPT):

- Required for every person 18 years of age and older working with youth, WITHOUT Exceptions.
- The online course takes ~72 minutes to complete. For convenience, you can pause the course at any time and continue it later.
- A **course navigation guide** is available at: <https://my.scouting.org/Documents/YptGuidance.pdf>
- YPT certificate is obtained after taking an online course.
- This certificate is valid for 1 years from the date of course completion.

## Further Instructions on obtaining YPT certificate:

- Point your browser to "<http://my.scouting.org>".
- Create a BSA Training account IF you already do not have one.
- Log in.
- On the home page Click on the "Youth Protection Begins with You" logo on the right. Make sure you take the "**Mandatory – Youth Protection Training**" (72 min.) course.
- If you have already taken YPT you can print out your certificate. Go to <http://my.scouting.org> and log into your account. Click on the person icon in the upper right. Then click on **My Training**.



Next, click on the **printer icon** on the right side of Youth Protection Training to display and print your YPT certificate.

-  YPT Status: **ACTIVE** Additional guidance in YPT

<b>Youth Protection Training</b> Y01	Completed 12 / 21 / 2020 Expires 12 / 21 / 2022	 Retake Course >
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## Questions/Problems:

Email [meridiandaycamp@bsameridian.com](mailto:meridiandaycamp@bsameridian.com).

# California AB 506 Youth Protection Requirements

As a Scouting volunteer, you understand the importance of keeping children safe. A recent bill (AB 506) was passed by the State of California requiring volunteers and staff of Youth Service Organizations to complete training in child abuse and neglect reporting, and undergo Live Scan background check.

All the information you need is at the webpage: **GGAC – California Scouting**

<https://californiascouting.org/ggac>

## 1. REQUIRED CALIFORNIA STATE MANDATED REPORTER ONLINE TRAINING

- All BSA Volunteer positions are required to complete the training beginning January 1, 2022.
- Take the 2-hour online training at: <https://mandatedreporterca.com/training/volunteers>

## 2. STATE TRAINING COMPLETED

- Upload your state Mandated Reporter Training Certificate to the Council.
- The form is in Step 2 at: <https://californiascouting.org/ggac>

## 3. LIVE SCAN BACKGROUND CHECK

- Fill out the Request for Live Scan Service form at: <https://californiascouting.org/wp-content/uploads/2022/02/BCIA8016-GoldenGate.pdf>
- Find the Live Scan site nearest to you <https://oag.ca.gov/fingerprints/locations>
  - AAA Live Scan in Livermore will do it for \$35. Call them at (925) 493-7926 or e-mail them at [aaalivescanlivermore@gmail.com](mailto:aaalivescanlivermore@gmail.com)

### Questions/Problems:

Email [meridiandaycamp@bsameridian.com](mailto:meridiandaycamp@bsameridian.com).