



**CYSC COUNSELOR AND STAFF PERSONNEL POLICIES  
VERIFICATION FORM**

I, \_\_\_\_\_,  
(please print your name)

(check one)

- A counselor serving CYSC
- A staff person serving CYSC
- An adult volunteer serving CYSC

attest that I have received, have read, and fully understand *The CYSC Counselor and Staff Personnel Policies* and commit to uphold these policies in my ministry while serving at Catholic Youth Summer Camp.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*If applicant is under the age of 18, a parent or legal guardian must also read and sign:*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_