



Chartered Org Rep Training and/or Youth Protection Training

Who: Any Scouter needing COR Training and/or Youth Protection Training

When: Saturday May 8, 2021

COR Training – 9:00 am - 10:30 am

Youth Protection Training – 10:30 am – 12 Noon

COR and YPT – 9 am – 12 Noon

Where: Sam Swope Scout Center, Louisville, Kentucky

Why: Every Scout deserves a trained leader!

Cost: FREE

Register Online to reserve your spot!

Don't Delay – Sign Up Today!

Contact Charlie Bunge at chbungesr@aol.com

Due to Covid 19, there are only a limited number of seats available. To receive credit for this training you must attend the entire training. No credit will be given if you leave before the end of the training.

Masks are required for all attending this training. Please complete and return the form at registration.

Lincoln Heritage Council, BSA
12001 Sycamore Station Place
Louisville KY 40299

COVID Prescreening form to be filled out by adults attending council program activities.

First Name: _____ Last Name: _____

Type and Unit number _____ Date of prescreening: **May 8, 2021**

Name of event you are attending: **COR and/or YPT** Location of Event: **Sam Swope Scout Center**

Answer these questions. Circle Y(Yes) or N(No)

1. Do you or anyone in your household have any of these symptoms that are not caused by another condition?

- | | |
|--|-----|
| a. Fever or chills | Y/N |
| b. Cough | Y/N |
| c. Shortness of breath or difficulty breathing | Y/N |
| d. Fatigue | Y/N |
| e. Muscle or body aches | Y/N |
| f. Headache | Y/N |
| g. Recent loss of taste or smell | Y/N |
| h. Sore throat | Y/N |
| i. Congestion | Y/N |
| j. Nausea or vomiting | Y/N |
| k. Diarrhea | Y/N |

2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).

Y/N

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

Y/N

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Y/N