

Ineligible Volunteer Record Sheet

REGISTRATION SERVICE BOY SCOUTS OF AMERICA

Date: September 24, 1991

Full name Dane Allen Williams (ne.) Social Security no. [REDACTED]

Address [REDACTED]

City Martinez State CA ZIP code 94553

Date of birth 10/17/67 (This is important: it should be exact.)

Approximate age _____ (To be used ONLY when date of birth is not known.)

Religion LDS Nationality (citizen of) United States

Occupation California Closet in Denver, Colorado

Education High school graduate - one year of college

Weight 210 Height 6'2" Race Sion Color of hair Brown Color of eyes Unknown
Cauca-

Distinguishing physical characteristics _____

Hobbies or special interests EMT - CPR training

Married Single Name of spouse _____

Children: Number _____ Names and ages _____

SCOUTING CONNECTIONS:

Unit no.	City	State	Position & Youth	Date registered	Date resigned
<u>D8692 # 187324</u>	<u>Martinez</u>	<u>CA</u>	<u>SA</u>	<u>1979-1985</u>	

Chartered organization _____

Special recognitions Eagle Scout

Incident: Type _____ Date _____ Resolution _____

Type

- 1. Scouting related
- 2. Not Scouting related
- 3. Homosexual (not specifically involving youth)

Resolution

- 1. Internal (only BSA members know)
- 2. Criminal action
- 3. Court action
- 4. Probationary status
- 5. Reported to state agency

Check-off list of attached documentation

- 1. Description of incident
- 2. Statement by victim(s)
- 3. Media reports
- 4. Legal proceedings

- 5. Offender's statement
- 6. Official notification of termination
- 7. Found guilty/innocent by court

Council Denver Area 00 # 61 Signed *Dane A. Williams* Scout executive

NOTED

CONFIDENTIAL OCT 18 1991

OCT 7 1991 JOSEPH L ANGLIM

F. STARON

October 25, 1991

Mr. William R. Kephart
Scout Executive
Denver Area Council, No. 61

PERSONAL AND CONFIDENTIAL SUBJECT: DAME ALLEN WILLIAMS

Dear Bill:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Ineligible Volunteer File.

Sincerely,

Paul Ernst, Director
Registration and Statistical Service

eko

cc: Gerald R. Ulrich, North Central Region,

READY FOR FILE

OCT 21 1991

ERIN O'RILEY

September 30, 1991

READY FOR FILE

SEP 30 1991

A. GRANT

SUBJECT: DANE ALLEN WILLIAMS
From: Paul Ernst, S108
To: Mel Hunter, S220

Enclosed is a member information sheet on Dane Allen Williams. This individual was recently placed on our Ineligible Volunteer File.

I am sure you wanted to be notified.

Enclosure

ag



BOY SCOUTS OF AMERICA

Denver Area Council
2901 W. 19th Ave.
Denver, Colorado 80204

September 24, 1991

Mr. Paul I. Ernst, S108
National Director of Registration
Boy Scouts of America
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079

Dear Paul:

Enclosed are an Ineligible Volunteer Record Sheet and supporting documentation for Dane Allen Williams who was a member of our camp staff this past summer. I understand Mr. Williams is still in the Denver area, but the last known address we have for him is in California.

As indicated, we have talked to the Police Department in California. He was convicted in 1988, of one count of sexual battery and there are two counts of sexual battery still pending.

Mr. Williams had an encounter with the family he was staying with which raised their suspicions, and he is currently undergoing counseling.

Most sincerely,

Bill
William R. Kephart
Scout Executive

11
Enclosures (6)

*Added to IV file
deleted reg.
BW NESAs. Notified them
9/26/91
cm*

Russell
Investigative Length - Elbert County Sheriff Dept
1-621-2027

Call Jim Ticer - [REDACTED]

Dave Allen Williams - 10-17-67 Birthday

Convicted of and wanted on News -
Number of different sexual abuse cases in California

Resident in State of California -

Maintains little boys -

If we discover abuse by him set our case call Sheriff
Dept pronto.

Call Dave Prueser
[REDACTED]

Called Jim Ticer in Union City California W/C

Outstanding 2 counts of sexual battery - June 1st and May Tell Jim See

1988 Convicted of one count of sexual battery

Bishop turned him in.

Dave Ginzary - Union City
[REDACTED]

9-23 - Called Don Bruce - Kemp Center - [REDACTED] - Seeking advice -

CAMP AGREEMENT

Camp staff persons under the age of 18 are also responsible to the camp management during periods of non-duty hours, unless under the care of their parent(s) or guardian.

All staff members are required to prepare themselves physically for the camp season. An adult medical examination attesting to this fact is required. The examination must not be over one year prior to the time of camp service.

All members of the camp staff are provided room and board in addition to salary. Counselors-in-training receive room and board only.

All members of the camp staff must be currently registered with the Boy Scouts of America and, as camp staff members, live by the Scout Oath and Law at all times.

Smoking and the use of other tobacco products (chew, dip, etc.) is not permitted at camp. Alcohol/illegal drugs are not permitted in camp at any time.

Dana G. Webber
(Staff Member Signature)

28 MAY 91
Date

Parent Approval, if under 18

Permanent Home Address: _____

MARTINEZ, CA. 94553

Emergency Contact: MR & MRS WILLIAMS

Home Phone Number: _____ Business Phone: _____

My son can leave camp (check appropriate box)

_____ Evenings after dinner and weekends

_____ Weekends only

My son may leave camp with (check appropriate boxes)

_____ By himself in his own car

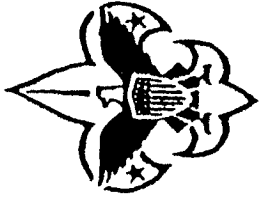
_____ With family members

_____ With other camp staff members

_____ With only the following people

* Please complete and return to the Denver Area Council, ATTN: Camp Director.

bj
2/90



BOY SCOUTS OF AMERICA

Denver Area Council
2901 W. 19th Ave.
Denver, Colorado 80204

Dear Dink:

We are pleased that your temporary employment has been approved by the Denver Area Council, Boy Scouts of America.

Please sign the following letter and copy. Return the copy to me. Your signature will indicate your acceptance of this position with the following terms and conditions of employment. The terms of this letter may only be amended by subsequent agreement in writing between you and the Denver Area Council.

- * You will assume your duties with the Denver Area Council from June 21, 1991 until August 17, 1991.
- * Your salary will be \$ 1200 per camp season, payable bimonthly.
- * You will serve as Hoise Program - Asst. Director and will be directly responsible to Sharon Lewis.
- * Your employment with the Council is based upon the continued satisfaction and needs of the Council. The Council may terminate your employment for any reason on twenty-four (24) hours written notice. Any decision of the Council in these regards will be final. You may also terminate your own employment at any time on twenty-four (24) hours written notice to the Council.
- * As a temporary employee, you will not be eligible for insurance, vacation or paid holidays. You will, however, be offered an opportunity to join the retirement plan if you work 1,000 or more hours.

Very truly yours,

Brad Harris 5/23/91
1991 Camp Director Date

Accepted by Dore A. Wilkin
Temporary Employee

Original to Employee
Copy to Camp Director

rs
1/90

APPLICATION FOR
SUMMER CAMP EMPLOYMENT

CAMP CRIS DOBBINS
DENVER AREA COUNCIL
BOY SCOUTS OF AMERICA

FOR OFFICE USE ONLY

APPLICANT

WILLIAMS DAVE ALLEN
NAME--Last First Middle
Applying for
Position as ASST HORSE DIR

Date of Application

The object of Camp Cris Dobbins is what happens inside the campers - what they take home with them in their memories, in their new purposes, in their improved or newly acquired skills, in their friendships, in their appreciations. It is the mission of the B.S.A. to serve others by helping to instill values in young people and, in other ways, to prepare them to make ethical choices over their lifetime in achieving their full potential. The values we strive to instill are based on those found in the Scout Oath and Law. This is Camp Cris Dobbins.

Why do you want to work at Camp Cris Dobbins?

Please print or type your answers and mail this form to Denver Area Council, 2901 W. 19th Ave., Denver, CO 80204.
* Attention: Camp Director Due:

PLEASE ATTACH PICTURE

PERSONAL AND IDENTIFYING DATA

TEMPORARY ADDRESS:

[REDACTED]

WE STUNSTEN CO. 80030
City State Zip

PERMANENT ADDRESS:

[REDACTED]

MANIZKE CA. 94553
City State Zip

TELEPHONE: DATE OF BIRTH:

MARITAL STATUS: Single
CITIZEN OF U.S.?

APPROX. DATE AVAILABLE:
FROM: Now TO: END OF Summer

SOCIAL SECURITY #:

[REDACTED]

SEX: M
HEIGHT: 6'2"
WEIGHT: 200 lbs
HAVE YOU A DRIVER'S LICENSE? YES
STATE OF ISSUANCE: COLORADO

PREVIOUS SEASONS AT CAMP CRIS DOBBINS:

NONE

SALARY EXPECTED:
\$ 1400 PER WEEK

Have you ever been convicted of any felony, child abuse, or unlawful sexual offense. If yes, indicate when.

Have you ever been charged with the commission of an act of child abuse or unlawful sexual offense. If yes, indicate when.

EDUCATIONAL HISTORY

CIRCLE NUMBER OF YEARS COMPLETED IN EACH CATEGORY:

ELEMENTARY 1 2 3 4 5 6 7 (8)		WHERE? PAID <i>CALIF</i>	HIGH SCHOOL <i>College Park Feun</i>	WHERE? <i>MAIA</i>	YEAR IN SCHOOL 9 10 11 (12)
COLLEGE		NAME AND LOCATION	DEGREE	YR. LEFT	MAJOR MINOR
(1) 2 3 4		<i>D.V.C. Pasadena, HAZ</i>	<i>—</i>	<i>—</i>	
POST GRADUATE		NAME AND LOCATION	DEGREE	YR. LEFT	IMPORTANT CLASSES
1 2 3 4					
SPECIAL SCHOOL		NAME AND LOCATION	DEGREE	YR. LEFT	IMPORTANT CLASSES
1 2 3 4					

AWARDS, SOCIETIES, SCHOLARSHIPS AND SCHOLASTIC HONORS

EAGLE SCOUT, METEORIC ACHIEVEMENTS

CERTIFICATES OR LICENSES
N/A

ACTIVITIES AND INTERESTS

LIST INTERESTS, ACTIVITIES, AND HOBBIES	FROM	TO	DESCRIBE THE ACTIVITY. WHAT ORGANIZATION?
<i>CHURCH</i>			<i>LDS. Church</i>
<i>PARA MEDICINE</i>			

CAMPING EXPERIENCE

SCOUTING BACKGROUND	CURRENTLY REGISTERED? Y OR N	UNIT #	RANK	NUMBER OF YEARS AS:	
				CAMPER	STAFF MEMBER
<i>Camp Ingleboro</i>	<i>(Y)</i>		<i>EAGLE</i>	FROM 1979 TO 1983	FROM 1984 TO 1985
		<i>CALIFORNIA. MT. Diablo</i>		FROM TO	FROM TO
		<i>COORS</i>		FROM TO	FROM TO
				FROM TO	FROM TO

DO YOU HOLD A NATIONAL CAMP SCHOOL CERTIFICATE? PLEASE INDICATE YEAR EARNED.

AQUATICS FIELD SPORTS MANAGEMENT SCOUTCRAFT PROGRAM

OTHER EXPERIENCES WHICH YOU FEEL WOULD PROVE VALUABLE:

SPECIFIC SKILLS

PLEASE CHECK AS FOLLOWS: XX PROFICIENT AND CAN LEAD OR DIRECT OR TEACH!
X SOME KNOWLEDGE AND CAN ASSIST IN LEADING.
ALSO CIRCLE THE ACTIVITY(S) IN WHICH YOU CAN ASSUME FULL RESPONSIBILITY.

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> CAMPING | <input type="checkbox"/> RAPPPELLING | <input type="checkbox"/> BLACK POWDER |
| <input type="checkbox"/> ARCHERY | <input type="checkbox"/> FISHING | <input type="checkbox"/> SPACE EXPLORATION |
| <input type="checkbox"/> ASTRONOMY | <input type="checkbox"/> ECOLOGY | <input type="checkbox"/> ATHLETICS |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> FORESTRY | <input type="checkbox"/> GROUP SINGING |
| <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> CANOEING | <input type="checkbox"/> ENVIRONMENTAL SCIENCE |
| <input type="checkbox"/> GROUP GAMES | <input type="checkbox"/> ROWING | <input type="checkbox"/> ARTS AND CRAFTS |
| <input type="checkbox"/> BACKPACKING | <input type="checkbox"/> SAILING | <input type="checkbox"/> HORSEBACK RIDING |
| <input type="checkbox"/> BASKETRY | <input type="checkbox"/> NATURE | <input type="checkbox"/> CAMPFIRE PROGRAMS |
| <input type="checkbox"/> BEADWORK | <input type="checkbox"/> MAMMALS | <input type="checkbox"/> RELIGIOUS SERVICES |
| <input type="checkbox"/> COOKING | <input type="checkbox"/> FIRST AID | <input type="checkbox"/> WILDERNESS SURVIVAL |
| <input type="checkbox"/> PIONEERING | <input type="checkbox"/> HIKING | <input type="checkbox"/> SOIL & WATER CONSERVATION |
| <input type="checkbox"/> LEATHERWORK | <input type="checkbox"/> ANIMALS | <input type="checkbox"/> CPR INSTRUCTION |
| <input type="checkbox"/> INDIAN LORE | <input type="checkbox"/> BIRDS | <input type="checkbox"/> LIFESAVING (CERTIFIED) |
| <input type="checkbox"/> WOOD CARVING | <input type="checkbox"/> TREES | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> ROCK CLIMBING | <input type="checkbox"/> INSECTS | <input type="checkbox"/> WATER SPORTS |
| <input type="checkbox"/> ORIENTEERING | <input type="checkbox"/> WEATHER | <input type="checkbox"/> INSTRUMENT PLAYED: |
| <input type="checkbox"/> STORY TELLING | <input type="checkbox"/> RIFLERY | <input type="checkbox"/> |

OTHER _____

OCCUPATIONAL HISTORY

LIST ALL POSITIONS HELD, STARTING WITH YOUR MOST RECENT AND WORKING IN REVERSE ORDER

NAME OF EMPLOYER			JOB DESCRIPTION	
USAR			U.S. INFANTRY	
ADDRESS			INSTRUCTOR	
CITY AND STATE			PLEASANTON CA.	
TITLE OF POSITION			OPL.	
FROM	TO	SALARY	PER	
1986				
NAME OF EMPLOYER			JOB DESCRIPTION	
ADDRESS				
CITY AND STATE				
TITLE OF POSITION				
FROM	TO	SALARY	PER	
		\$		
NAME OF EMPLOYER			JOB DESCRIPTION	
ADDRESS				
CITY AND STATE				
TITLE OF POSITION				
FROM	TO	SALARY	PER	
		\$		

POSITIONS

INDICATE, IN ORDER OF PREFERENCE (1 FOR HIGHEST PREFERENCE; 10 LOWEST PREFERENCE), POSITION(S) IN WHICH YOU FEEL QUALIFIED TO SERVE:

- | | |
|--|--|
| <p>A. <u>MINIMUM AGE 21</u></p> <p>___ ASSISTANT CAMP DIRECTOR</p> <p>___ PROGRAM DIRECTOR</p> <p>___ PROGRAM COMMISSIONER</p> <p>___ MEDICAL DIRECTOR:</p> <p> ___ EMT</p> <p> ___ PARAMEDIC</p> <p> ___ NURSE</p> <p> ___ PHYSICIAN'S ASSISTANT</p> <p> ___ DOCTOR</p> <p> ___ CHAPLAIN</p> <p>___ TRADING POST DIRECTOR</p> <p>___ DINING HALL DIRECTOR</p> <p>___ FIELD SPORTS DIRECTOR</p> <p>___ AQUATICS DIRECTOR</p> <p>___ HORSE PROGRAM DIRECTOR ^{ASSISTANT}</p> <p>B. <u>MINIMUM AGE 18</u></p> <p>___ ARCHERY DIRECTOR</p> <p>___ ASSISTANT RANGER</p> <p>___ ECOLOGY/CONSERVATION DIRECTOR</p> <p>___ HORSE PROGRAM ASSISTANT</p> <p>___ POOL DIRECTOR</p> <p>___ QUARTERMASTER</p> <p>___ HANDICRAFT DIRECTOR</p> <p>___ SCOUTCRAFT DIRECTOR</p> <p>___ PV ADVENTURE DIRECTOR</p> | <p>C. <u>MINIMUM AGE 16</u></p> <p>___ ARCHERY COUNSELOR</p> <p>___ ECOLOGY/CONSERVATION COUNSELOR</p> <p>___ HANDICRAFT COUNSELOR</p> <p>___ KITCHEN AIDE</p> <p>___ HORSE PROGRAM COUNSELOR</p> <p>___ OFFICE MANAGER</p> <p>___ RIFLE COUNSELOR</p> <p>___ SCOUTCRAFT COUNSELOR</p> <p>___ AQUATICS COUNSELOR</p> <p>___ TRADING POST CLERK</p> <p>___ PV ADVENTURE COUNSELOR</p> <p>D. <u>MINIMUM AGE 15 & IN HIGH SCHOOL</u></p> <p>___ COUNSELOR-IN-TRAINING</p> <p> ___ JUNE 8-JULY 13, 1991</p> <p> ___ JULY 13-AUGUST 18, 1991</p> <p> ___ EITHER</p> |
|--|--|

REFERENCES

NAME	ADDRESS	PHONE	OCCUPATION
1. BRAD HANES	[REDACTED]	[REDACTED]	SCOUT EXECUTIVE
2. RICHARD FERT	[REDACTED]	[REDACTED]	
3. EUGENE GLASSER	[REDACTED]	[REDACTED]	

DATE OF APPLICATION 8 June 91 SIGNATURE OF APPLICANT David A. Walker

NOTE: THERE ARE SPECIAL COLLEGE SCHOLARSHIP FUNDS AVAILABLE FOR QUALIFIED CAMP STAFFERS.

BOY SCOUTS OF AMERICA ADULT APPLICATION

The information obtained in this form is for the internal use of BSA only.

Please print one letter in each space—press hard; you are making four copies.

UNIT SCOUTERS

Check one

Pack No. _____

Troop No. _____

Team No. _____

Post No. _____

Sho No. _____

COUNCIL/DISTRICT/DIVISION SCOUTERS

Council/District/Division position _____

District name _____

First name and initial: D A U I E A W J L C J A M S

Address—street or R.F.D.: _____

City: WALTON State: GA ZIP code: 94553

Home phone: _____ Business phone: _____

Social Security number (optional): _____

Additional address information (if necessary): _____

Position Code (see cover): 49

Training (see cover):

Sex: M F

U.S. citizen: Yes No

Are you an Eagle Scout? Yes No

Occupation, employer, and business address: UNEMPLOYED

Years at this employment: Boys' Life:

New leader: Transfer: Former leader:

Expiration: 10-17-94

Driver's license No. _____ State: IL

1. Scouting background Position: A S S T S M Council: Mt. Diablo Year: 1986

2. Experience working with youth in other organizations? THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

3. Previous residences (for last 5 years). City: ICHDEN State: _____
MARTINEZ State: GA
STATE OF ILLINOIS

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

5. Additional information.

3. Do you use illegal drugs? Yes No

4. Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes No

5. Have you ever been charged with child neglect or abuse? Yes No

6. Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes No

7. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) B - BATTERY Yes No

I understand that

a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.

b. In signing this application, I affirm that the information I have given is true and correct.

Name: BRAD HARRIS

Name: ELMER GLASSER

Name: RICHARD GETT

Signature of applicant: Brad Harris date: 6/3/94

Signature of unit committee chairman: _____ Date: _____

Signature of chartered organization head or chartered organization representative: _____ Date: _____

Signature of Scout executive or designee: _____ Date: _____

APPROVALS FOR UNIT SCOUTERS

We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America.

APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION SCOUTERS

We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America.

FOR COUNCIL USE

Transfer from: _____ Council: _____

Unit renewal date: _____ Month: _____ Year: _____

Term (months): _____

Boys' Life fee: \$ 0.00

Registration fee: 0.00

Registration fee: _____

Member ID No. _____

Occupation code: _____

Employer code: _____

If applicant has an unexpired membership certificate, registration may be accomplished by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.

NO EXPIRED CERTIFICATE

MS08

MEMBERSHIP SUPPORT SYSTEM

09/26/91

MEMBER DELETE

12:54:01

CNCL 061 PRG/UNIT D8692 SEQ. 187224

FIRST: DANE A

LAST : WILLIAMS

ADDR1: [REDACTED]

ADDR2: MARTINEZ

CA

ADDR3:

ADDR4:

ZIP: 94553

REG STATUS: N ENROLL: 0691 BIRTH: 1067 SEX: M AGENCY: M ADULT/YOUTH: A

POSITION: 49 FINDERCODE: 01 PHONE: [REDACTED] BULK: MAG-STATUS:

REN DAT: 0592

TRANSFER FROM = CNCL:

PGM/UNIT:

SEQ:

TRANSFER DATE:

MAGAZINES

--SOURCE--		PRICE	SUB	STRT	---COPIES---		ISSUES	TO GO	AREAR	LAST LABEL	EXP	
TYPE	CNCL	P/UNT	CODE	TRM	DATE	FIRST	LAST	ORIG	TOTAL	COUNT	PRINTED	DAT
S	N	06	0991	0991	1091	04	004	00	2308	0592
..
..

PF2>DELETE PF12>MENU CLP>END

MEMBER DELETED FROM DATABASE SUCCESSFULLY

BOY SCOUTS OF AMERICA
MEMBER INFORMATION

ES1020

SEARCH NAME WILLIAMS FIRST INIT D ID NUMBER 8903117 MEMBER CODE N

FULL NAME DAHE ALLEN WILLIAMS

X X X

(PLACE AN X BENEATH EVERY CAPITAL)

ADDRESS 1 [REDACTED]

X X X X

ADDRESS 2

CITY MARTINEZ STATE CA ZIPCODE 945530000

X

COUNCIL NO. 023 ES CODE 023678494 UNIT CODE UNIT NUMBER

UNIT CITY UNIT STATE BIRTH DATE 000000

B.O.B. DATE 000000 E.S.S. DATE 000000 NICKNAME

X

NESA DATE 112984 NESA BATCH 000000 NESA EXPIRATION YR 94

PF1=END PF2=END PF4=ADD PF6=DELETE PF8=UPDATE PF10=CLEAR PF12=MENU