

Adult Personal Data Collection Form

Name: _____
BSA ID#: _____

Nickname: _____

Sex: M / F

Spouse: _____

Address: _____

Mailing: _____

Phone(s) Home: (____) _____

DOB: ____/____/____
Drivers Lic: _____ ST: ____
Employer: _____
Occupation: _____

Email: _____

Boys' Life: Y / N

Highest Scout Rank: _____

Eagle Date: ____/____/____

Joined Unit: ____/____/____

Became Leader: ____/____/____

Health form on file: Y / N

Emergency Contact(s): _____

Phone: (____) _____
Phone: (____) _____
Phone: (____) _____
Phone: (____) _____
Group: _____

Date
Class 1 Phys: ____/____/____
Class 2 Phys: ____/____/____
Class 3 Phys: ____/____/____
Tetanus: ____/____/____

Doctor: _____
Insurance: _____
Insurance Policy: _____
Medications: _____
Allergies: _____
Other: _____

| Vehicle(s) (year/make/model) | # Belts | Lic Plate | Hitch | Insurance (in thousands) | | |
|------------------------------|---------|-----------|-------|--------------------------|--------------|----------|
| | | | | Per Person | Per Accident | Property |
| _____ | _____ | _____ | Y / N | _____ | _____ | _____ |
| _____ | _____ | _____ | Y / N | _____ | _____ | _____ |

| Prior Service: | From | To | Level | Unit # | Council # |
|----------------|----------------|----------------|-------|--------|-----------|
| | ____/____/____ | ____/____/____ | _____ | _____ | _____ |
| | ____/____/____ | ____/____/____ | _____ | _____ | _____ |
| | ____/____/____ | ____/____/____ | _____ | _____ | _____ |
| | ____/____/____ | ____/____/____ | _____ | _____ | _____ |

Religion/Faith: _____
Church/Parish: _____

Swim Level: _____

2005 survey: Y / N

No Register: Y / N

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Remarks: _____