

# Scout Personal Data Collection Form

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

BSA ID#: \_\_\_\_\_

Sex: M / F

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

Mailing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone(s) Home: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_: (\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Grade: \_\_\_\_\_  
 School: \_\_\_\_\_

Email: \_\_\_\_\_

Joined Unit: \_\_\_\_/\_\_\_\_/\_\_\_\_ Boys' Life: Y / N  
 Cub From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cub To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Highest Cub Badge: \_\_\_\_\_

Health form on file: Y / N

Emergency Contact(s): _____	Phone: (____) _____	Class 1 Phys: ____/____/____	<u>Date</u>
_____	Phone: (____) _____	Class 2 Phys: ____/____/____	
Doctor: _____	Phone: (____) _____	Class 3 Phys: ____/____/____	
Insurance: _____	Phone: (____) _____	Tetanus: ____/____/____	
Insurance Policy: _____	Group: _____		
Medications: _____			
Allergies: _____			
Other: _____			

Prior Experience:	<u>From</u>	<u>To</u>	<u>Level</u>	<u>Unit #</u>	<u>Council #</u>
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____

Father: _____	Mother: _____
Nickname: _____	Nickname: _____
Guardian: Y / N	Guardian: Y / N

Phone(s) Work: _____	Phone(s) Work: _____
_____:	_____:
_____:	_____:
Email: _____	Email: _____

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

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

Religion/Faith: \_\_\_\_\_  
 Church/Parish: \_\_\_\_\_

2005 survey: Y / N No Register: Y / N

Remarks: \_\_\_\_\_