

Scout Personal Data Collection Form

Name: _____ BSA ID#: _____

Nickname: _____ Address: _____

Sex: M / F DOB: _____ Date filled out: _____ Grade: _____ School: _____

Phone(s) Home:(_____) _____ Cell:(_____) _____

Email: _____

Father: _____ Nickname: _____ Guardian: Y / N

Mother: _____ Nickname: _____ Guardian: Y / N

Father Cell: (_____) _____ Mother Cell: (_____) _____

Father Email: _____ Mother Email: _____

Joined Unit: _____ Boys' Life: Y / N Cub From: _____ Cub To: _____

Highest Cub Badge: _____

Health form on file: Y / N Date _____ Emergency Contact(s): _____

Doctor: _____ Phone: (_____) _____ Insurance: _____

Insurance Policy: _____ Group: _____

Medications: _____ Allergies: _____

Other: _____

Class 1 Phys: ___ / ___ / ___ Class 2 Phys: ___ / ___ / ___ Class 3 Phys: ___ / ___ / ___

Tetanus: ___ / ___ / ___

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

Father: _____ Mother: _____

Driver's License # _____ Driver's License # _____

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	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____

Remarks: _____

Adult Personal Data Collection Form

Name: _____ BSA ID#: _____

Nickname: _____ Address: _____

Sex: M / F DOB: _____ Date filled out: _____ Spouse: _____

Phone(s) Home:(_____) _____ Cell:(_____) _____

Email: _____

Spouse Email: _____ Spouse Phone: _____

Joined Unit: _____

Health form on file: Y / N Date _____ Emergency Contact(s): _____

Doctor: _____ Phone: (_____) _____ Insurance: _____

Insurance Policy: _____ Group: _____

Medications: _____ Allergies: _____

Other: _____

Class 1 Phys: ___ / ___ / ___ Class 2 Phys: ___ / ___ / ___ Class 3 Phys: ___ / ___ / ___

Tetanus: ___ / ___ / ___

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

Self:	Spouse:
Driver's License # _____	Driver's License # _____

Employer: _____	Employer: _____
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Occupation: _____	Occupation: _____
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<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	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____

Remarks: _____