

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: _/ _/ _
 _____ Phone: () _____ Class 2 Phys: _/ _/ _
 Doctor: _____ Phone: () _____ Class 3 Phys: _/ _/ _
 Insurance: _____ Phone: () _____ Tetanus: _/ _/ _
 Insurance Policy: _____ Group: _____
 Medications: _____
 Allergies: _____
 Other: _____

Prior Experience:	From	To	Level	Unit #	Council #
	_/ _/ _	_/ _/ _	_____	_____	_____
	_/ _/ _	_/ _/ _	_____	_____	_____
	_/ _/ _	_/ _/ _	_____	_____	_____
	_/ _/ _	_/ _/ _	_____	_____	_____

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: _____

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

Remarks: _____