

# Scout Personal Data Collection Form

**Name:** \_\_\_\_\_ **BSA ID#:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

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

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

**Email:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **School:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Drivers License:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Place of Worship:** \_\_\_\_\_  
**Cell Provider:** \_\_\_\_\_

**Joined Unit:** \_\_\_\_\_ **Cub From:** \_\_\_\_\_ **Cub To:** \_\_\_\_\_ **Highest Cub Badge:** \_\_\_\_\_

**Patrol:** \_\_\_\_\_ **Swimming Level:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Leadership Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Leadership Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Health form on file:**  
**Emergency Contact:** \_\_\_\_\_ **Health Form A:**

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Health Form B:** \_\_\_\_\_ **Health Form C:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Health Form D:** \_\_\_\_\_

**Policy: Medications:** \_\_\_\_\_ **Group:** \_\_\_\_\_ **Tetanus:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

### **Remarks:**

**Father:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Cell Provider:** \_\_\_\_\_

**Mother:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Cell Provider:** \_\_\_\_\_

**Drivers License:** \_\_\_\_\_ **ST:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_

**Drivers Lic:** \_\_\_\_\_ **ST:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_

<u>Vehicle (yr/make/model)</u>	<u>Seat Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Per Person</u>	<u>Per Accident</u>	<u>Insurance (in thousands)</u>