

Personal Resource Questionnaire

Name _____ Gender _____

I would like to be called _____ Birth date _____

E-mail _____

Address, city, zip _____

Phone Numbers (H) _____ (W) _____ M) _____

Occupation _____

Council _____ District Name _____

Unit Number _____ Unit Type (Cub, Scout, Varsity, Venture) _____

Current registered position _____

Adult Positions (s) held and for how long? (Examples: Den leader for 3 yrs.; Scoutmaster for 4 yrs.; etc.)

Scouting awards received _____

Training experiences in Scouting: (You must have completed the basic training and outdoor skills training for the position in which you are registered.)

State what you feel is a fair evaluation of your physical condition.

Special needs or food restrictions _____

First aid training (including CPR) _____

Religious preference _____

(an interfaith service will be held. If you have particular religious needs, please specify them here, or otherwise inform the course director).