Personal Resource Questionnaire

Name _____ Gender: _____

I would like to be called _____ Spouse: _____

Address _____

City, State, ZIP Code _____

Phone numbers (home) _____ (work) _____

(cell) _____ (fax) _____

E-mail _____

Occupation _____ Date of birth _____

Council name _____

District _____

Years in Scouting: Adult _____ Youth _____ Rank _____

Current registered position _____ Unit #: _____

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

_____

_____

_____

_____

Scouting awards received _____

_____

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

_____

List any special needs (dietary, physical, or otherwise, but not religious as that is below). _____

_____

Camping: How much experience have you had and how comfortable are you with it? _____

_____

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

_____

Religious preference _____

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

_____)

First aid training (including CPR) _____

Referral (who referred you, what event, date) _____

For Staff Use Only (do not write below this line)

☐ Med ☐ PRQ ☐ Pd Patrol: _____ Certificate #/Staff Position: _____

Status: 6 mo: _____ 12 mo: _____ 18 mo: _____ Bead date: _____