

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: () _____	Health Form A: ____/____/____	<u>Date</u>
_____	Phone: () _____	Health Form B: ____/____/____	
Doctor: _____	Phone: () _____	Health Form C: ____/____/____	
Insurance: _____	Phone: () _____	Tetanus: ____/____/____	
Insurance Policy: _____	Group: _____		
Medications: _____			
Allergies: _____			
Other: _____			

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

Father: _____
 Nickname: _____
 Guardian: Y / N

Mother: _____
 Nickname: _____
 Guardian: Y / N

Phone(s) Work: _____
 _____: _____
 _____: _____

Phone(s) Work: _____
 _____: _____
 _____: _____

Email: _____

Email: _____

Drivers Lic: _____ ST: ____
 Employer: _____
 Occupation: _____

Drivers Lic: _____ ST: ____
 Employer: _____
 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	_____	_____	_____

Remarks: _____

Adult Personal Data Collection Form

Name: _____

Nickname: _____

BSA ID#: _____

Sex: M / F

Spouse: _____

Address: _____

Mailing: _____

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

DOB: ____/____/____
 Drivers Lic: _____ ST: ____
 Employer: _____
 Occupation: _____

Email: _____

Boys' Life: Y / N

Highest Scout Rank: _____

Eagle Date: ____/____/____

Joined Unit: ____/____/____

Became Leader: ____/____/____

Health form on file: Y / N

Emergency Contact(s): _____

Phone: () _____
 Phone: () _____

Health Form A: ____/____/____
 Health Form B: ____/____/____

Doctor: _____

Phone: () _____

Health Form C: ____/____/____

Insurance: _____

Phone: () _____

Tetanus: ____/____/____

Insurance Policy: _____

Group: _____

Medications: _____

Allergies: _____

Other: _____

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

Prior Service:	From	To	Level	Unit #	Council #
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____

Remarks: _____