

Troop 608 Adult Personal Data Collection Form (rev. 1/2006)

Name: _____
 BSA ID#: _____

Nickname: _____

Sex: M / F

Spouse: _____

Address: _____

Mailing: _____

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

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

Email: _____

Joined Unit: ____/____/____
 Became Leader: ____/____/____

Leader: Y / N

Highest Scout Rank: _____
 Eagle Date: ____/____/____

Boys' Life: Y / N

Health form on file: Y / N

Emergency Contact(s): _____

Phone: () _____
 Phone: () _____
 Phone: () _____
 Phone: () _____
 Group: _____

Date
 Class 1 Phys: ____/____/____
 Class 2 Phys: ____/____/____
 Class 3 Phys: ____/____/____
 Tetanus: ____/____/____

Doctor: _____
 Insurance: _____
 Insurance Policy: _____
 Allergies: _____
 Medications: _____
 Other: _____

Vehicle(s) (Year/Make/Model)	# Belts	Lic Plate	Insurance (in thousands)		
			Per Person	Per Accident	Property
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Remarks: _____