

# Scout Personal Data Collection Form

Name: \_\_\_\_\_  
BSA ID#: \_\_\_\_\_

Nickname: \_\_\_\_\_

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 Date  
Emergency Contact(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Health Form A: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ 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: \_\_\_\_\_ Mother: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Guardian: Y / N Guardian: Y / N

Phone(s) Work: \_\_\_\_\_ Phone(s) Work: \_\_\_\_\_  
: \_\_\_\_\_ : \_\_\_\_\_  
: \_\_\_\_\_ : \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

Activity Agree: \_\_\_\_\_ Policy/Proc Ag: \_\_\_\_\_  
SPL Chair: \_\_\_\_\_ Eagle Chair: \_\_\_\_\_

Remarks: \_\_\_\_\_