

Scout Personal Data Collection Form

Name: _____
 Sex: M / F

Nickname: _____

Address: _____

Mailing: _____

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

DOB: ____/____/____
 Grade: _____
 School: _____

Email: _____

Joined Unit: ____/____/____ Cub Scout: ____/____/____ - ____/____/____

Highest Cub Badge: _____ Boys Life: Y / N

Health form on file: Y / N

Emergency Contact: _____
 Doctor: _____
 Insurance: _____
 Allergies: _____
 Other: _____

Phone: () _____
 Phone: () _____
 Policy: _____

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

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

Father: _____
 Guardian: Y / N

Mother: _____
 Guardian: Y / N

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

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

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

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

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

Religious Pref: _____

Remarks: _____