

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: (____) _____ Class 1 Phys: ____/____/____
 _____ Phone: (____) _____ Class 2 Phys: ____/____/____
 Doctor: _____ Phone: (____) _____ Class 3 Phys: ____/____/____
 Insurance: _____ Phone: (____) _____ Tetanus: ____/____/____
 Insurance Policy: _____ Group: _____
 Allergies: _____
 Medications: _____
 Other: _____

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

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: _____

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

Dentist: _____ Insured's Name: _____
 Dentist Phone: _____ Medications: _____

Remarks: _____