

Scout Personal Data Collection Form

Name: _____ Nickname: _____
 Sex: M / F

Address: _____ Mailing: _____

Email: _____
 Phone(s) Home: () _____ DOB: / / SSN: _____
 _____: () _____ Grade: _____
 _____: () _____ School: _____

Joined Unit: / / Cub Scout: / / to / / Highest Cub Badge: _____ Boys Life: Y / N

Health form on file: Y / N
 Emergency Contact: _____ Phone: () _____ Class 1 Phys: / /
 Doctor: _____ Phone: () _____ Class 2 Phys: / /
 Insurance: _____ Policy: _____ Class 3 Phys: / /
 Allergies: _____
 Other: _____

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

Father: _____ Mother: _____
 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Remarks: _____