

# Scout Personal Data Collection Form

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

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

Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone(s) Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Other: \_\_\_\_\_

DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 School: \_\_\_\_\_

Email: \_\_\_\_\_

Cub Scouts: From: \_\_\_\_\_ To: \_\_\_\_\_

Joined Unit: \_\_\_\_\_ Boys' Life: \_\_\_\_\_

Highest Cub Badge: \_\_\_\_\_

Health form on file: \_\_\_\_\_ Date

Emergency Contact(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Doctor: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Insurance Policy: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Other: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Group: \_\_\_\_\_

Health Form A: \_\_\_\_\_  
 Health Form B: \_\_\_\_\_  
 Health Form C: \_\_\_\_\_  
 Tetanus: \_\_\_\_\_

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

Father: \_\_\_\_\_  
 Nickname: \_\_\_\_\_  
 Guardian: \_\_\_\_\_

Mother: \_\_\_\_\_  
 Nickname: \_\_\_\_\_  
 Guardian: \_\_\_\_\_

Phone(s) Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Other: \_\_\_\_\_

Phone(s) Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Other: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Insurance (in thousands)

<u>Vehicle(s) (year/make/model)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Remarks: