

## **Personal Resource Questionnaire**

Name:	
I would like to be called:	
Address:	
Phone numbers: Home:	Cell:
Occupation:	Date of birth:
District:	Council:
Years in Scouting as an adult:	, as a Youth:
Current primary Scouting position:	
Other positions held, and how long?	
Scouting awards you have received:	
State what you feel is a fair evaluation of your physical condition.	
List any dietary, physical, or other special need	ds
Religious preference:	
An interfaith service or services will be held them here, or otherwise inform the course	d. If you have religious needs, please specify director.
Camping: How much experience have you had	d, and how comfortable are you with it?
List your training experience in Scouting. (Note outdoor training required for the position in which	•
Have you taken a Wood Badge course prior to	this one? If so, when?
Where? Course N	Number: Patrol:
List of others and their email addresses who s	hould be contacted as recruits for Wood Badge
First aid training, including CPR:	
Emergency Contact	Phone: