

PERSONAL RESOURCE QUESTIONNAIRE

Course Date: June 15-21, 2025

RETURN BY MAY 17, 2025 to:

Mrs. Patty Chojnacki, 36394 N Douglas Terrace, Gurnee, IL 60031

Information and Contact: (PLEASE PRINT CLEARLY)

Name _____

Address _____

City _____ State _____ Zip _____

Youth Telephone _____ Youth Email _____

Parent Telephone _____ Parent Email _____

Date of Birth _____ Age _____ School and grade _____

Additional Languages Spoken _____

Troop/Crew/Ship No. _____ District: _____ Years in Scouting _____

Rank _____ Current leadership position _____

Other leadership positions held and for how long? _____

Scouting Awards Earned _____

Youth Status, Experience, and Conditions:

Please state a fair evaluation of your physical condition _____

Do you have any **"Physical limitations"** noted on your Medical Form? If yes, please elaborate. _____

Do you have any **Medically or Religious Required Dietary Restrictions?** If yes, provide details: _____

Any **Allergies** (mold, pollen, any type of food, nuts, etc.) _____

How much experience have you had camping (circle one)? Novice Intermediate Skilled Advanced Professional

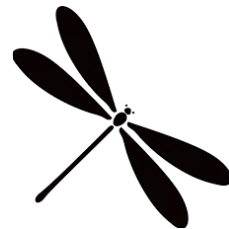
Training experience: What training have you taken in Scouting and when? _____

On the reverse of this form, you will find a checklist. Place a checkmark for each skill in the column that best represents your current ability. You will use it later in the course as a check sheet to evaluate your progress. Do not under - or overrate yourself.

Be as honest and objective as possible.

KNOWLEDGE OF OUTDOOR SKILLS (Youth Survey)

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Youth Name _____

(Please have your Scout fill this table by placing an "X" in the Appropriate Column)

Skills and Merit Badge (MB) <i>Please Circle MB name if earned</i>	Need Help	Have Some Knowledge	Know Well
Long Term Camping			
Map Reading (Orienteering MB)			
Compass/GPS Use			
Hike Procedures (Hiking/Backpacking MB)			
Camping (Camping MB)			
Cooking (Cooking MB)			
Knife and Axe			
First Aid (First Aid MB)			
Fire Building (Cooking MB)			
Pioneering (Pioneering MB)			
Nature (Nature MB)			
Cold Weather			

Please tell us why you decided to participate in the NYLT experience and what you expect to gain from the training.
