

## 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 evaluati		
List any dietary, physical, or other s	pecial needs.	
Religious preference:		
An interfaith service or services them here, or otherwise inform t	will be held. If you have religious needs, pleas he course director.	se specify
Camping: How much experience ha	ve you had, and how comfortable are you with	n it?
List your training experience in Scou outdoor training required for the pos	uting. ( <b>Note</b> : You must have completed the ba ition in which you are registered.)	sic and
Have you taken a Wood Badge cou	rse prior to this one? If so, w	/hen?
Where?	_ Course Number: Patr	rol:
List of others and their email addres	ses who should be contacted as recruits for W	Vood Badge
Were you recruited to attend by son	neone?	
Why did you sign up for this course'	?	
First aid training, including CPR:		
Emergency Contact	Phone:	
1-Admin 1 © Boy Scouts of America	. For use in approved BSA Wood Badge courses only.	2020 Ed