



Personal Resource Questionnaire

Name:

I would like to be called:

Email Address:

Address:

City:

State:

Preferred Phone:

Alternate Phone:

Cell

Cell

Occupation:

Date of Birth:

District:

Council:

Year in Scouting as an adult:

Year in Scouting as a youth:

Scouting Positions and (Years in that position): Example - **Scout Master (4)** List your primary position first:

Scouting awards received:

Are there any physical conditions that may make a weekend at a scout camp difficult?

Yes

No

What can we do to make your stay more comfortable?

Interfaith services will be held. If you have religious needs, please specify them here, or inform the course director:

How much experience have you had camping and how comfortable are you with it?

Have you taken a Wood Badge course prior to this one? Yes No

If so Where:

Course Number:

Patrol:

How did you find out about this course?

Why did you sign up for the course?

First aid training, including CPR:

Emergency Contact:

Phone: