WOOD BADGE

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 needs. _____

Religious preference: _____

An interfaith service or services will be held. If you have religious needs, please specify them here, or otherwise inform the course director.

_____

Camping: How much experience have you had, and how comfortable are you with it?

_____

List your training experience in Scouting. (**Note**: You must have completed the basic and outdoor training required for the position in which you are registered.)

_____

Have you taken a Wood Badge course prior to this one? _____ If so, when? _____

Where? _____ Course Number: _____ Patrol: _____

List of others and their email addresses who should be contacted as recruits for Wood Badge

_____

_____

Were you recruited to attend by someone? _____

Why did you sign up for this course? _____

First aid training, including CPR: _____

Emergency Contact _____ Phone: _____

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