## **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 spe	ecial needs
Religious preference:	
	es will be held. If you have religious needs, otherwise inform the course directory
Camping: How much experience have	ve you had and how comfortable are you with it?
List your training experience in Scoutioutdoor training required for the positions of the p	ing; (You must have completed the basic and tion in which you are registered.)
Have you taken a Wood Badge cours	se prior to this one? If so, what?
Where?C	Course Number: Patrol:
Wood Badge	es who should be contacted as recruits for
	eone?
Why did you sign up for this course?	
First aid training, including CPR:	
Emergency Contact	Phone:

