

Personal Resource Questionnaire

Name _____

I would like to be called _____

Address _____

Phone number (H) _____ (B) _____

Email _____

Fax _____

Occupation _____ Date of birth _____

District _____

Council name _____

Years in Scouting: Adult _____ Youth _____ Rank _____

Current registered position _____

Adult position(s) held and for how long? (examples: Den leader for 3 yrs.; Scoutmaster for 4 yrs.; etc.)

Scouting awards received _____

State what you feel is a fair evaluation of your physical condition. _____

List any special needs. _____

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

Training experiences in Scouting: (You must have completed the basic training and outdoor skills training for the position in which you are registered.) _____

Religious preference _____

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

_____)

First aid training (including CPR) _____