

# Adult Personal Data Collection Form

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 BSA ID#: \_\_\_\_\_

Sex: M / F

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone(s) Home: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_: (\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Drivers Lic: \_\_\_\_\_ ST: \_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Boys' Life: Y / N

Highest Scout Rank: \_\_\_\_\_

Eagle Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Joined Unit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Became Leader: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health form on file: Y / N

Emergency Contact(s): \_\_\_\_\_  
 \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Class 1 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Class 2 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Class 3 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Policy: \_\_\_\_\_

Group: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Vehicle(s) (year/make/model)	# Belts	Lic Plate	Hitch	Insurance (in thousands)		
				Per Person	Per Accident	Property
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Prior Service:	From	To	Level	Unit #	Council #
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____

HAT Basic #: \_\_\_\_\_

WoodBadge #: \_\_\_\_\_

Remarks: \_\_\_\_\_