

Personal Resource Questionnaire

Personal Information

First Name:

Last Name:

Age:

Date of Birth:

Address:

Home Number:

Cell Number:

Email:

Occupation:

List any special medical or dietary needs we need to know to make accommodations for:

I have training in: CPR Swimming & Water Safety First Aid

Scouting Information

District:

Council Name:

Years in Scouting as an adult as a youth

Rank Achieved:

Current registered position:

Scouting awards received:

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

No Experience Somewhat Experienced Very Experienced

Adult position(s) held and for how long?

Scouting Position Held	Length Served in Position

Religious Preference

Catholic Christian LDS Other _____

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