



Wood Badge Personal Resource Questionnaire



Name _____

I would like to be called _____

Address _____

Phone number (H) _____ (B) _____

E-mail _____

Fax _____

Date of Birth _____ Spouse's Name _____

Occupation _____ Employer _____

District _____

Council name _____

Years in Scouting: Adult _____ Youth _____ Rank _____

Unit Type (pack, troop, team, crew, ship) _____ Unit Number _____

Current registered position _____

Tenure in this position _____ Date training completed _____

Adult position(s) held and for how long? (Examples: Den leader for 3 yr., Scoutmaster for 4 yr.)

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: _____

Religious preference _____

An interfaith service or services will be held on Sunday of Weekend One and Monday of Weekend Two. If you have particular religious needs, please specify them here, or otherwise inform the course director.

First aid training (including CPR) _____