

# Personal Resource Questionnaire

Name \_\_\_\_\_

I would like to be called \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number (H) \_\_\_\_\_ (B) \_\_\_\_\_

E-mail \_\_\_\_\_

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) \_\_\_\_\_