

# Adult Personal Data Collection Form

Each parent in the family must turn in this 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 Date  
 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 #
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____

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