

# 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: (\_\_\_\_) \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Group: \_\_\_\_\_

Date  
 Class 1 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Class 2 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Class 3 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Insurance Policy: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Other: \_\_\_\_\_

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

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

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