

Troop 606

Adult Personal Data Collection Form

Spring 2004

Name: _____ Nickname: _____

BSA ID#: _____

Sex: M / F

Spouse: _____

Address: _____ Mailing: _____

Phone(s) Home: (____) _____ DOB: __/__/__
 Work: (____) _____ Drivers License: _____ State: ____
 Cell: (____) _____ Employer: _____
 Other: (____) _____ Occupation: _____

Email: _____

Joined Unit: __/__/__ Highest Scout Rank: _____
 Became Leader: __/__/__ Eagle Date: __/__/__

Health form on file: Y / N

Emergency Contact: _____ Phone: (____) _____ Class 2 Phys: __/__/__
 Doctor: _____ Phone: (____) _____ Class 3 Phys: __/__/__
 Insurance: _____ Policy: _____
 Allergies: _____
 Other: _____

Vehicle(s) (Year/Make/Model)	Insurance (in thousands)				Property
	# Belts	License Plate	Per Person	Per Accident	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Prior Service:	From	To	Level	Unit #	Council #
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____

Remarks: _____

Please fill as much information as possible. If you are going to drive Scout's to activities, please be sure to fill out the "Vehicle Information" section (needed for the Trip Permit that must be submitted prior to the activity). This information is kept in the Troop Master database and is for BSA purposes only.