

Wood Badge Personal Resource Questionnaire

Please fill in all areas of the questionnaire. If a box does not apply to you, please put "N/A" in the box.

Name: _____

I prefer to be called: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail 1: _____ E-mail 2: _____

Phone: (Main) _____ (Other) _____

Occupation: _____

Date of Birth: ___/___/___ Age: _____ Shirt Size: _____

Council: _____ District: _____ Unit: _____

Years in Scouting: Adult _____; Youth _____ Rank _____

Current registered position(s): _____

Adult position(s) held and for how long? (Example: Den leader for 3 yrs.; Scoutmaster for 4 yrs.; etc.): _____

Scouting awards received: _____

State a fair evaluation of your physical condition: _____

List any special needs (dietary, physical, etc.): _____

How much camping 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 will be held. If you have particular religious needs, please specify them here or otherwise inform

the Course Director: _____

List any first aid training (including CPR): _____
