

## SR917 Personal Resource Questionnaire

Full Name (for the certificate): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

List of Phone Numbers where you may be reached; Times you may be reached there

Home: \_\_\_\_\_ Times: \_\_\_\_\_

Work: \_\_\_\_\_ Times: \_\_\_\_\_

Mobile: \_\_\_\_\_ Times: \_\_\_\_\_

**PRINT** a list of eMails used; How often do you check this eMail?:

Primary: \_\_\_\_\_ How often: \_\_\_\_\_

Secondary: \_\_\_\_\_ How often: \_\_\_\_\_

Where do you work?: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gender (circle one): Male, Female

Date of birth: \_\_\_\_\_

Council: \_\_\_\_\_

District: \_\_\_\_\_

Years in Scouting, as an Adult: \_\_\_\_\_

Years in Scouting, as a Youth (Rank): \_\_\_\_\_

Current Scouting position (and unit): \_\_\_\_\_

Adult Scouting position(s) held and for how long:

*(examples: Den leader for 3 yrs, Scoutmaster for 4 yrs)*

\_\_\_\_\_

Scouting awards received: \_\_\_\_\_

*You must have completed the basic training for your Scouting position*

Training experience in Scouting: \_\_\_\_\_

Camping: How much experience have you had? \_\_\_\_\_

How comfortable are you with it? \_\_\_\_\_

State what you feel is a fair evaluation of your physical condition:

---

List any special needs: \_\_\_\_\_

Religious preference:

---

(If you have a particular religious need, please state it here or advise the Course Director):

---

Level of First Aid Training (include CPR): \_\_\_\_\_

**Other**

You will be provided with an activity shirt. In order to order one for you, we need your size.

Assuming the shirt is a "knit shirt" (Polo Shirt)

Size (circle one): Small, Medium, Large, X-Large, XX-Large, XXX-Large

Assuming the shirt is a Button up style

Size: (Neck): \_\_\_\_\_, (Sleeve) \_\_\_\_\_