

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 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: _____

| <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: _____