

Troop 957 Adult Leader Personal Data Collection Form

Name: _____ Nickname: _____ Sex: M F

Street Address: _____

If mailing and street address are different, write mailing address on back

Phones Home _____

Work _____

Cell / Pager _____
Circle Cell or Pager

Cell / Pager _____
Circle Cell or Pager

e-mail #1: _____ DOB: ____/____/____ Spouse: _____

e-mail #2: _____ Drivers License #: _____ State: _____

Employer: _____ Occupation: _____ Call @ Work Y N

Highest Scout Rank: _____ If Eagle, Date Rcvd: ____/____/____ If OA, write dates and level on back.

Emergency Contact: _____ Phone: _____ Relationship: _____

Doctor: _____ Phone: _____

Insurance: _____ Policy: _____ Group: _____

Allergies / Special Needs: _____

Please attach a completed BSA Health form and a copy of the front & back of your health insurance card.

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

Vehicle, Insurance, and Driver's License data is required for the Troop to complete Tour Permits.

From	To	Circle Type	Prior Service		Council # or Name
			Unit #		
____/____/____	____/____/____	_____	Pack / Troop / Crew	_____	_____
____/____/____	____/____/____	_____	Pack / Troop / Crew	_____	_____
____/____/____	____/____/____	_____	Pack / Troop / Crew	_____	_____
____/____/____	____/____/____	_____	Pack / Troop / Crew	_____	_____

T-shirt size YL AS AM AL XL 2X 3X

What other information do we need to know: