## **Scout Personal Data Collection Form**

Name:			<del></del>	Nickname:	
BSA ID#: Sex: M / F					
Address:			Mailing:		
Phone(s) Home:: Email:	() ()		DOB: Grade: School:	_/_/_	
Joined Unit: Cub From:	_/_/_ _/_/_	Boys' Life: Cub To:	Y / N //_ Highes	t Cub Badge:	
Health form on file Emergency Contact Doctor: Insurance: Insurance Policy: Medications: Allergies: Other:	t(s):		Phone: () Phone: () Phone: () Group:	Health Form A: Health Form B: Health Form C: Tetanus:	Date////
Prior Experience:	<u>From</u> ////	<u>To</u> ////	Level Unit #	Council #	
Father: Nickname: Guardian:			Mother: Nickname: Guardian:	Y / N	
Phone(s) Work: :		_	Phone(s) Work :	:	
Employer:			Email: Drivers Lic: Employer: Occupation:	ST	
Vehicle(s) (year	/make/model)			Insurance (in thouse Per Person Per Accident	Property
			Boy Home Te	sl.:	