

# Wood Badge Personal Resource Questionnaire

1. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

I would like to be called: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_ (S, M, L, XL, 2XL)

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Phone(H): \_\_\_\_\_ Phone(W): \_\_\_\_\_ Phone(O): \_\_\_\_\_ FAX: \_\_\_\_\_

4. Occupation: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
e-Mail2: \_\_\_\_\_

5. Date of Birth:(mm/dd/yy): \_\_\_\_\_ District: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Type: \_\_\_\_\_ (Pack, Troop, etc.)

6. Council name: \_\_\_\_\_ Council #: \_\_\_\_\_

7. Years in Scouting: Adult: \_\_\_\_\_ Boy: \_\_\_\_\_ Rank: \_\_\_\_\_

8. Current registered position: \_\_\_\_\_ (List only your primary position)

9. Adult position(s) held, and how long:

<u>Position</u>	<u>How Long</u>	<u>Position</u>	<u>How Long</u>
Scoutmaster	_____	Assistant Cubmaster	_____
Assistant Scoutmaster	_____	Den Leader	_____
Unit Committee Chairman	_____	WEBELOS Den Leader	_____
Unit Committee Member	_____	Venturing Advisor/Associate	_____
Unit Commissioner	_____	Venturing Committee Member	_____
Cub Scout Roundtable	_____	Exploring Advisor/Associate	_____
Boy Scout Roundtable	_____	_____	_____
Assistant district Commissioner	_____	_____	_____
District Commissioner	_____	_____	_____
Cubmaster	_____	_____	_____

10. Scouting Awards Received: District Award of Merit: \_\_\_\_\_ Silver Beaver: \_\_\_\_\_ Eagle: \_\_\_\_\_ Adult Religious: \_\_\_\_\_

Other: \_\_\_\_\_

11. Physical Condition: \_\_\_\_\_

12. Camping Experience, and How Comfortable Are You: \_\_\_\_\_

13. Training Experience: When Completed?:

	Y/N	Date	Other Training Experiences	Date
Leader Specific:	_____	_____	_____	_____
Introduction to Outdoor Leadership Skills:	_____	_____	_____	_____
Youth Protection Training:	_____	_____	_____	_____
BALOO:	_____	_____	_____	_____
WEBELOS Leader Outdoor:	_____	_____	_____	_____

14. State why you decided to participate and what you expect to gain from this experience:

\_\_\_\_\_  
\_\_\_\_\_

15. Religious Preference: \_\_\_\_\_

16. First Aid Training: Red Cross Advance [ ] CPR [ ] EMT [ ] Other \_\_\_\_\_

17. Spouse: \_\_\_\_\_ Emergency Contact 1: \_\_\_\_\_ Emergency Phone 1: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Emergency Phone 2: \_\_\_\_\_