

W O O D B A D G E F O R T H E 2 1 <sup>S</sup> T C E N T U R Y

**Personal Resource Questionnaire** (Use your mouse to click on the desired space and then type. You will automatically be given extra space as needed.)

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_

I would like to be called (Name on your nametag) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Fax \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

District \_\_\_\_\_ Council \_\_\_\_\_

Years in Scouting: Adult \_\_\_\_\_ Youth \_\_\_\_\_ Rank \_\_\_\_\_

Current primary registered Scouting position \_\_\_\_\_

Type of Unit: Cub Scouts \_\_\_ Boy Scouts \_\_\_ Varsity \_\_\_ Venturing \_\_\_ District \_\_\_ Unit #: \_\_\_\_\_

Adult position(s) held and for how long? (examples: Den leader for 3 yrs.; Scoutmaster for 4 yrs.; etc.)

Scouting Awards received:

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

List any special needs or dietary restrictions you may have.

Camping: How much experience have you had and how comfortable are you with it?

Training experiences in Scouting: (You must have completed the basic training and outdoor skills training for your registered position.)

Have you have ever been to Wood Badge? Cub? \_\_\_ Boy Scout? \_\_\_ Exploring? \_\_\_ Other? \_\_\_\_\_

When? \_\_\_\_\_ Year you earn your beads? \_\_\_\_\_ What was your patrol? \_\_\_\_\_

Religious preference \_\_\_\_\_

For LDS participants: Stake \_\_\_\_\_ Ward \_\_\_\_\_

(Interfaith services will be held. If you have particular religious needs, please specify them here, or otherwise inform the course director.)

First aid training (including CPR) and date of training \_\_\_\_\_

Foreign languages spoken: \_\_\_\_\_ Foreign languages written: \_\_\_\_\_

Who do you know (outside your own unit) who will be coming to Wood Badge?