

# Adult Personal Data Collection Form

Name: \_\_\_\_\_  
BSA ID#: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

Emergency Contact(s): \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Group: \_\_\_\_\_

Date  
Health Form A: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health Form B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health Form C: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Insurance Policy: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Other: \_\_\_\_\_

Vehicle(s) (year/make/model)	# Belts	Lic Plate	Hitch	Insurance (in thousands)		
				Per Person	Per Accident	Property
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Prior Service:	From	To	Level	Unit #	Council #
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____

Interpreter: \_\_\_\_\_

Remarks: \_\_\_\_\_