

# Adult Personal Data Collection Form

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

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: (\_\_\_\_) \_\_\_\_\_ Class 1 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Class 2 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Class 3 Phys: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Insurance: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Insurance Policy: \_\_\_\_\_ Group: \_\_\_\_\_  
 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 #
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____
	____/____/____	____/____/____	_____	_____	_____

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