

WOOD BADGE Personal Resource Questionnaire

Please fill in all areas of the questionnaire. If a box does not apply to you, please put "N/A" in the box.

Name: _____

I would like to be called: _____ T-shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____ Apt. #: _____

Phone (H): _____ Phone (C): _____ Phone (B): _____

E-mail: _____

Occupation: _____ Date of Birth: _____

District: _____ Council: _____ Unit Affiliation: _____ Registered Position: _____

Years in Scouting: Adult: _____ Youth: _____ Youth Rank: _____

State what you feel is a fair evaluation of your physical condition: _____ Religious Preference: _____

Adult positions held and for how long? (ex. Den Leader – 3 yrs):

Scouting awards received:

List any special dietary needs that you have:

List any special physical needs that you have:

How much camping experience have you had?

Are you comfortable camping?

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

An interfaith service or 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):

SCOUT SKILLS ASSESSMENT

Name:

Please place an "X" in the box that best matches your skill level.

Scout Skill	I can teach this skill	I have some knowledge of this skill	I really need help with this skill
Backpacking			
CPR			
Camp Sanitation			
Campfire Leadership			
Camping			
Citizenship			
Communications			
Conservation			
Cooking			
Emergency Preparedness			
Environment			
Fire Building			
First Aid			
Game Leadership			
Hiking			
Knots & Lashing			
Lifesaving			
Low-Impact Camping			
Map & Compass			
Nature			
Orienteering			
Pioneering			
Safe Swim Defense			
Safety Afloat			
Song Leading			
Star Study			
Woods Tools (Axe, saw, knife)			
Worship Service			