

Personal Resource Questionnaire

Please print.

Name _____ Date of birth ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Telephone home ____ - ____ - ____ cell ____ - ____ - ____ email _____ @ _____

Council you will be working for _____ Headquarters city _____

Position in camp _____

Years in Scouting: _____ Volunteer _____ Youth _____ Professional

I have completed National Camping School in: (Section) _____ Year _____

Years of camping experience: Camper _____ Staff member _____

Religious preference: ___ Catholic ___ Protestant ___ Jewish ___ Mormon ___ Islam ___ Other: _____

My hobbies are: _____

Do you have physical or medical limitations?

Do you have special dietary requirements?

_____”

Cardiopulmonary resuscitation-trained (CPR)? ___ Yes ___ No

Certificate of training issued by (agency name): _____ Date: _____

Campfire resources ___ MC ___ Song leader ___ Musical instrument

Adult Scout training: ___ Fast Start ___ Leader Specific Training ___ Wood Badge

___ Other (please list): _____

Education: ___ High school student ___ High school graduate ___ College student

___ College graduate Degree: _____

How can you best support troops this summer in camp?

What responsibilities would you feel **least** comfortable with this summer?

What do you expect to learn from National Camping School?