

TROOP 101 Parent/Family Information

Scout(s) Name(s) _____

Parent: _____

Occupation: _____

Address: _____

Phone Number(s): _____

Email address(es): _____

Parent: _____

Occupation: _____

Address: _____

Phone Number(s): _____

Email address(es): _____

Emergency Contacts:

Name: _____

Phone: _____

Name: _____

Phone: _____

Health considerations (Allergies/Restrictions) for scouting events:

Vehicle #1 Information:

Make/Model _____

of seatbelts _____

Vehicle #2 Information:

Make/Model _____

of seatbelts _____

As a general rule of thumb, I feel most comfortable working with:
(Please rate these from 1 (best) to 4 (lowest))

- _____ Working with youth
- _____ Working with adults
- _____ Working with ideas and plans
- _____ Working with things and materials

Consider your interest, experience and talents. How might these support our scouting program?

Areas of Interest:

- | | | |
|---------------------------------|--|------------------------------|
| ___ Nature | ___ Camping | ___ Electricity, electronics |
| ___ Safety (police, fire, etc.) | ___ First-aid, medical | ___ Machinery/mechanical |
| ___ Religion | ___ Animals (in nature, fishing, identifying, etc.) | |

Others that may support scouting: _____

In order to have a strong program, adult support from everyone is necessary. In which ways are you willing to support our program?

- ___ Supervise during meetings
- ___ Participate in Boards of Review for rank advancement
- ___ Organize fundraising opportunities
- ___ Merit badge counselor, especially for Eagle required badges
- ___ Chaperone/drive to/from events
- ___ Plan/organize events (Camping trip, Battleship Cove, Ski trip, others)

Others: _____