

National Youth Leadership Training

Personal Resource Questionnaire

| PARTICIPANT INFORMATION | | | | | |
|-------------------------|-------------|------------------------|--------|---------------|----------|
| First Name | | Last Name | | | |
| | | | | | |
| Date of Birth | Gender | Height | Weight | | |
| | | | | | |
| Age on June 1 | | Rank on June 1 | | | |
| | | | | | |
| Phone Number | | Alternate Phone Number | | Email Address | |
| | | | | | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Unit Type | Unit Number | Council Name | | Tshirt Size | |
| | | | | | |

| SCOUTING AND OUTDOOR EXPERIENCE | | |
|---------------------------------|-----------------------------|---------------------------|
| Years in Scouting | Current Leadership Position | Past Leadership Positions |
| | | |
| Awards | High Adventure Trips | Camping Experience |
| | | |
| Sports | Extracurricular Activities | Other Hobbies/Clubs |
| | | |

Complete this statement: I would like to attend NYLT because...

Have You Participated In Your Troop's Junior Leader Training Program? Yes No

The following skills will be helpful during the week. Please indicate your skill level for each:

| | |
|--------------|---|
| Cooking | <input type="radio"/> No Experience <input type="radio"/> Beginner <input type="radio"/> Average <input type="radio"/> Advanced |
| Lashings | <input type="radio"/> No Experience <input type="radio"/> Beginner <input type="radio"/> Average <input type="radio"/> Advanced |
| Totin' Chip | <input type="radio"/> Have Not Earned <input type="radio"/> Earned <input type="radio"/> Missing Corners |
| Firem'n Chit | <input type="radio"/> Have Not Earned <input type="radio"/> Earned <input type="radio"/> Missing Corners |

We will be using these skills among others through the week. We will NOT be doing advanced training on these skills.

| PARENT/GUARDIAN AUTHORIZATION | |
|--|------|
| I approve of the attendance of my son/daughter to the NYLT Conference. I have reviewed and signed the Personal Health and Medical Record. I have reviewed the Parent's Handbook with my Scout. | |
| Authorization of Parent/Guardian | Date |
| | |

RETURN THIS COMPLETED FORM TO THE COURSE DIRECTOR OR THE SCOUT OFFICE

Howard Olson: holson53@comcast.net

National Youth Leadership Training

Food & Medication Pre-Course Questionnaire

| PARTICIPANT INFORMATION | | | |
|---------------------------------|---|----------------------------|----------|
| First Name | Last Name | Gender | |
| | | | |
| Date of Birth | Age on June 1 | Rank on June 1 | |
| | | | |
| Phone Number | Alternate Phone Number | Email Address | |
| | | | |
| Street Address | City | State | Zip Code |
| | | | |
| Council Name | Unit Type | Unit Number | |
| | | | |
| FOOD ALLERGIES | | | |
| Food Item or Group | Reaction Level | Notes | |
| | | | |
| | | | |
| | | | |
| | | | |
| OTHER DIETARY RESTRICTIONS | | | |
| Food Item or Group | Explanation (Religious Restrictions, Vegetarian - NOT Dislikes) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| PERSONAL MEDICATION INFORMATION | | | |
| Medication Name | Dosage & Frequency | Reason (Condition/Symptom) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please save a copy of this form for your records

CONFIDENTIAL DOCUMENT: This form will only be shared with NYLT Medical & Food Directors, and as needed to other course personnel at the discretion of the Course Director

RETURN THIS COMPLETED FORM TO THE COURSE DIRECTOR OR THE SCOUT OFFICE

Howard Olson: holson53@comcast.net

National Youth Leadership Training

Emergency Contact Information

| PARTICIPANT INFORMATION | | | |
|-----------------------------|------------------------|--|----------|
| First Name | Last Name | Gender | |
| | | | |
| Date of Birth | Age on June 1 | Rank on June 1 | |
| | | | |
| Phone Number | Alternate Phone Number | Email Address | |
| | | | |
| Street Address | City | State | Zip Code |
| | | | |
| UNIT INFORMATION | | | |
| Council Name | Unit Type | Unit Number | |
| | | | |
| Chartered To | Unit Meeting Location | Meeting Day & Time | |
| | | | |
| Unit Leader Name | Phone Number | Email Address | |
| | | | |
| PARENT/GUARDIAN INFORMATION | | | |
| Parent (1) First Name | Last Name | Phone Number | |
| | | | |
| Alternate Phone Number | Email Address | Indicate Here If Address Is Same As Youth | |
| | | | |
| Street Address | City | State | Zip Code |
| | | | |
| Parent (2) First Name | Last Name | Phone Number | |
| | | | |
| Alternate Phone Number | Email Address | Indicate Here If Address Is Same As Youth | |
| | | | |
| Street Address | City | State | Zip Code |
| | | | |
| ALTERNATE EMERGENCY CONTACT | | | |
| Name | Relationship | Phone Number | |
| | | | |
| | | | |
| | | | |

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Howard Olson: holson53@comcast.net