

# Troop 477 Leader Information

## Contact Information

Name:		Sex: M F
Your Scout(s) Name:		
Current Address:		
City:	State:	ZIP:
Home Phone:	Cell Phone and/or Pager:	
DOB:	DL #:	SSN*:
E-mail Address:	Web Page (if any)	

## In What Leadership Role Do You Want To Serve Troop 477

Committee Member: YES NO (Circle)	
Committee Responsibility**:	
Assistant Scoutmaster (SA) : YES NO (Circle)	Role:
Scoutmaster approval needed to register as SA: _____	

## Employment Information

Current Employer:	Occupation:	
Employer Address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP:

## Scouting History/Experience (Youth)

Were you a Scout as a youth?: YES NO (Circle)		Highest Rank?
Council:	District:	Unit:
City:	State:	Arrow Of Light: YES NO (Circle)

## Scouting History/Experience (Adult)

Have you ever been a registered Scouter?: YES NO (Circle)		
Position(s):	Trained: YES NO (Circle)	Dates:
Council:	District:	Unit:
City:	State:	ZIP:
Position(s):	Trained: YES NO (Circle)	Dates:
Council:	District:	Unit:
City:	State:	ZIP:
Training Course:	Date:	Award? YES NO (Circle)
Training Course:	Date:	Award? YES NO (Circle)
Training Course:	Date:	Award? YES NO (Circle)

## Spouse Information

Name:		
Date of Birth:	E-mail:	Work Phone:

## Vehicle/Insurance Information

If you will be driving Scouts on outings and activities, you must provide the following information.					
Vehicle Information			Insurance Coverage (In Thousands)		
Make/Model	# Seat Belts	Lic. Plate	Per Person	Per Accident	Property

## Children

Name:	Name:
I authorize the verification of the information provided on this form.	
Signature of Applicant:	Date:

\*SSN not required

\*\* Discuss Committee Roles with Committee Chairman