

TROOP 718 ADULT DATA FORM

Name: _____ **Date of Birth** _____

Valid CA Driver's License Y / N BSA Membership # _____

Spouse: _____ **Date of Birth** _____

Valid CA Driver's License Y / N BSA Membership # _____

Address: _____

Phone(s): _____

Email(s): _____

Vehicle(s) (Year/Make/Model)	# Belts	Total Liability Insurance
_____	_____	\$ _____
_____	_____	\$ _____

Date Youth Protection Training completed (good for 2 yrs)

Self _____ **Spouse** _____

If you have not taken Youth Protection Training, please go to myscouting.org and register to complete the training online.

Additional Training (Please list date completed)

	Self	Spouse
CPR (list certification agency & date)		
First Aid (list certification agency & date)		
Planning & Prep for Hazardous Weather		
Aquatics Supervision/Paddle Craft Safety		
Aquatics Supervision/ Swimming & Water Rescue		
Safe Swim		
Safety Afloat		