Participant NYLT Personal Resource Questionnaire (Please print all information)

Complete this PRQ & your BSA medical. Mail both forms to Garden State Council NYLT 693 Rancocas Road Westhampton, NJ 08060Your patrol assignment is based on your replies. FORMS MUST BE RECEIVED BY COUNCIL NO LATER THAN JULY 24.

Name _____ Home Phone _____ Cell Phone _____

Email _____ Current BSA Leadership Position _____

Troop/Crew # _____ District _____ Years in Scouting _____ Current Rank _____

Other Leadership positions held and for how long _____

How much experience have you had in camping? _____

What training courses have you taken in Scouting and when? _____

Why did you decide to participate in this experience and what do you expect to gain from it? _____

School _____ Grade (next school year) _____ Languages Spoken _____

State a fair evaluation of your physical condition _____ Any Limitations ☐Yes ☐No

If "YES", what are they? _____

List special dietary needs here _____

Knowledge of Scouting Skills

Place a checkmark in the box that best represents your ability for each scout skill listed. You will use this assessment later in the course as a check sheet to evaluate your progress. Do not under or over rate yourself. Be as honest and objective as possible. **HAVE TAUGHT**—means you have the skills to competently teach this subject to other scouts. **COULD TEACH**—means you have knowledge of the skill but have not yet taught the skill. **NEED HELP**—limited knowledge of the skill, want to learn more or never taught.

Have Taught	Could Teach	Need Help	Scout Skill
			Astronomy
			Camping
			Communications
			CPR
			Cooking
			Emergency Preparedness

Have Taught	Could Teach	Need Help	Scout Skill
			Environmental Science
			Fire Building
			First Aid
			Hiking
			Nature
			Orienteering
			Personal Fitness

Have Taught	Could Teach	Need Help	Scout Skill
			Pioneering
			Safe Swim Defense
			Safety
			Safety Afloat
			Swimming
			Weather

Have Taught	Could Teach	Need Help	List Any Other Scout Skills

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