

Parent Talent Survey

Welcome to **Scouting!** Our parents are our most vital resource for helping our **kids** along the **Scouting** trail. With that in mind, we would like to learn a little more about you! Please answer the following questions as completely as possible:

My hobbies include: _____

I can play and/or teach these sports: _____

My current (or previous) profession might be of interest to **scouting and is:**

My educational background (degrees, certifications, training, etc) might be of interest to **scouting and is:**

My scouting experience: (indicate years/grades in school):

Cub Scout: _____ Other: _____
 Boy Scout: _____
 Girl Scout: _____ Highest rank attained: _____

Would you be willing to assist Troop Leadership occasionally? Yes No
 Would you be interested in becoming a trained leader? Yes No
 (Please contact the Committee Chair for a list of all required classes.)

To comply with BSA regulations, and for the safety of our scouts, we ask that ALL parents complete Youth Protection training, conveniently available online at: my.scouting.org

Please check which areas you would be willing to assist in:

<input type="checkbox"/>	Campouts	<input type="checkbox"/>	Troop Meetings	<input type="checkbox"/>	Outdoor Activities
<input type="checkbox"/>	Hikes	<input type="checkbox"/>	Parent Committee Chair	<input type="checkbox"/>	Summer Camp
<input type="checkbox"/>	Backpacking	<input type="checkbox"/>	Membership/Re-Charter	<input type="checkbox"/>	Service Projects
<input type="checkbox"/>	High Adventure Outings	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Programs/Activities
<input type="checkbox"/>	Scoutmaster/Assistant	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Water Outings/Aquatics
<input type="checkbox"/>	Parent Committee Member	<input type="checkbox"/>	New Scout Advisor	<input type="checkbox"/>	Camp Meal Planning
<input type="checkbox"/>	Advancement/Troop Records	<input type="checkbox"/>	New Parent Advisor	<input type="checkbox"/>	Merit Badge Counselor
<input type="checkbox"/>	Scout Skills	<input type="checkbox"/>	Quartermaster	<input type="checkbox"/>	Astronomy
<input type="checkbox"/>	Transportation of scouts/equipment	<input type="checkbox"/>	Tour Permits	<input type="checkbox"/>	Photographer
<input type="checkbox"/>	I have contacts for special trips/activities	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	Geology
<input type="checkbox"/>	I have access to camping property	<input type="checkbox"/>	Court of Honor	<input type="checkbox"/>	Knots/Lashings
<input type="checkbox"/>	I have a workshop	<input type="checkbox"/>	Newsletter/ Website	<input type="checkbox"/>	Map/Compass

Adult Name: _____ Youth Name: _____
 E-mail address _____ Phone number: _____
 Street address: _____ City _____ State ___ ZIP _____