



Participant NYLT Personal Resource Questionnaire



PLEASE PRINT all information

Complete this PRQ and your BSA medical. Mail both forms **to Garden State Council NYLT, 693 Rancocas Road, Westampton, NJ 08060**. Your patrol assignment is based on your replies. **Forms must be received by _____**

Name _____ Email _____

Home # _____ Cell # _____ Troop/Crew # _____ District _____

Current Rank _____ Years in Scouting _____ Age _____ Date of Birth _____

School _____ Grade in Sept. _____ Languages spoken _____

Previous Leadership positions _____

Camping Experience: Weekend Camper Summer Camp BSA High Adventure Base OA
 Trail Hiking Other _____

Training Courses: (ie. Wood Badge, Powder Horn, Wilderness Survival, etc.) _____

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

The NYLT course involves maturity and a willingness to learn. Scouts need to possess the skills of a First Class Scout and currently or will soon be serving in a leadership position.

State a fair evaluation of your physical condition _____ Limitations: () Yes () No
 If "Yes", please explain _____

List special dietary restrictions _____

Scout Skills

Place a checkmark in the box that best represents your ability for each skill. Be as honest and objective as possible. "Has Taught" – means the Scout has the skills to competently teach to others. "Could Teach" – means the Scout has knowledge of the skill but not taught. "Needs Help" – means limited or no knowledge of the skill.

Has Taught	Could Teach	Needs Help	Scout Skill		Has Taught	Could Teach	Needs Help	Scout Skill
			Camping					Nature
			Communications					Orienteering
			CPR					Per. Fitness
			Cooking					Pioneering
			Emer. Prepared.					Safe Swim Def.
			Environ. Science					Safety
			Fire Building					Safety Afloat
			First Aid					Swimming
			Hiking					Weather

Date received by Council _____

Location of Course _____