



WOOD BADGE APPLICATION



S3 - 741 - 18

I understand that attendance at all sessions is mandatory and is required for certification. I have completed the basic training and outdoor skills training relevant for my position in Scouting. I am a registered adult leader.

Name: _____ **Date of birth:** _____

Address: _____ **Home phone:** _____

City: _____ **State:** _____ **Zip code:** _____

Email address: _____ **Business phone:** _____

Council: _____ **No:** _____ **District:** _____

Statement of medical health:

I understand that my participation in the Wood Badge course is based on the successful completion of the Annual BSA Health and Medical Record.

Number of years in Scouting:

As a youth _____

As an adult _____

Present Scouting position: _____

Tenure in this position: _____

Scouting awards received:

Foreign languages spoken: _____

Foreign languages written: _____

Completion Dates of Required Training:

Basic training for your position _____

Outdoor skills training for your position (if required) _____

T-Shirt Size: _____

Extra t-Shirts: _____