

HIGH ADVENTURE ADULT LEADER TRAINING DATA

Contact Information

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

Email: _____

BSA Registration & Training Information

Years in Scouting as registered adult: _____ Unit: _____ District: _____

Positions: _____

Youth Protection Training Scout Leader or Venturing Advisor Date Completed _____

Fast Start Scout Leader or Venturing Advisor Date Completed _____

New Leader Essentials Position _____ Date Completed _____

Wood Badge Course No. _____ Date Completed _____

Safe Swim Defense Date Completed _____

Safety Afloat Date Completed _____

Adult CPR Certification Date Completed _____

Standard First Aid Certification Date Completed _____

Wilderness First Aid Certification Date Completed _____

Other, list _____

