

BOY SCOUT TROOP 615 INDIVIDUAL LEADER TRAINING RECORD

Name _____ Business Name _____
 Address _____ Business Address _____
 City, State, Zip _____ City, State, Zip _____
 Home Phone _____ Business Phone _____
 Home eMail _____ Business eMail _____
 Cell Phone _____ Occupation _____

Participated in Scouts as a youth and how many years (Y or N and #years)? _____
 Year became involved in Scouts as an adult? _____

Training Completed	Date(s)	Leadership Position(s) Held	Date(s)
Youth Protection		Troop Committee T615	
CPR/First Aid			
Safety Afloat/Safe Swim			
HAT Basic Backpack			
HAT Winter Backpack			
Scout Adult Leader Training			
Basic Leader Essentials			
Leader Specific			
Outdoor Leader Skills			
Wood Badge			
Pow-Wow		BSA Leader Training Award	
Training Conference		Eagle Scout	
Roundtables		Religious Award	
		Arrow of Light	

Training Desired		Leadership Position(s) Desired
1.		
2.		
3.		
4.		
5.		
6.		

Medical form on file as of _____

Please make a photocopy of all training certificates and pass to the Troop Training Chairman.

Updated: October 5, 2004