



National Youth Leadership Training

Resource Questionnaire

Please attach a recent photo of yourself in this space provided.

Please Print

Name: _____ Friends Call Me: _____

Address: _____ DOB: ____/____/____ Age: _____

City: _____ State: _____ Zip: _____ H-Phone: (____) _____

Email Address: _____ Cell Phone: (____) _____

School: _____ Grade: _____

Parents: _____ Emergency #: (____) _____

Council: _____ District: _____ Troop/Team/Crew: _____
(Circle Unit Type)

Current Position: _____ How Long: _____ Present Rank: _____ Years in Scouting: _____

Troop Leadership (How Long): APL: _____ PL: _____ ASPL: _____ SPL: _____ Troop Guide: _____

Crew Leadership (How Long): Pres: _____ VP Admin: _____ VP Programs: _____ Secretary: _____ Treasurer: _____

Other Positions: _____

Training Experience: _____

Why You Are Attending This Course: _____

Comments/Notes

Scout Craft Skills Matrix

(Check Appropriate Column)

Scout Craft Skill	Venturing Ranger Elective	Merit Badge (Check box if earned)	Need Help	Have Knowledge	Have Taught
Map Reading	Land Navigation <input type="checkbox"/>	Orienteering <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compass	Land Navigation <input type="checkbox"/>	Orienteering <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hike Procedures	Leave No Trace, Backpacking <input type="checkbox"/>	Hiking <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	Backpacking <input type="checkbox"/>	Hiking <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	Leave No Trace, Cooking <input type="checkbox"/>	Camping <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Swim Defense	(Silver Requirement) <input type="checkbox"/>	Swimming <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife and Axe		Tot'n Chit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Building	Leave No Trace, Wilderness Survival <input type="checkbox"/>	Firem'n Chit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	Cooking <input type="checkbox"/>	Cooking <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knots and Lashings	Wilderness Survival, Caving, Mountaineering <input type="checkbox"/>	Pioneering <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature	Ecology, Plants and Wildlife <input type="checkbox"/>	Environmental Science, Nature <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Star Study		Astronomy <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	First Aid, Lifesaver <input type="checkbox"/>	First Aid <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agreement

As a Youth Leader representing my unit, I will participate in this NYLT course with the following understanding:

1. I am to be in attendance from the opening day through the closing ceremony on the ending day.
2. I agree to try to use these skills in my own unit and to assist in every way possible with the promotion and operation of NYLT events, as I am asked and am able.

NYLT Participant Signature

Date