

## Troop 39 Resource Survey

Scout's Name \_\_\_\_\_ Date \_\_\_\_\_

Father  
 Name \_\_\_\_\_ Wife's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother  
 Name \_\_\_\_\_ Husband's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If you are a single parent, please complete your section only. Please check the areas in which you are willing to help.

<u>General Activities</u>	<u>Special Assistance Programs</u>																																																																						
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