

# FAMILY TALENT SURVEY SHEET

## CUB SCOUT PACK 9 BEAR DEN

**\*(Each parent or adult family member should fill out a separate sheet and turn it in at this meeting. Thanks!)\***

Scout Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Best method of contact:  Home Phone  Cell Phone  E-Mail  Other: \_\_\_\_\_

Is texting OK?    yes    no            Facebook?    yes    no

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Welcome to the Cub Scout family of Pack 9! As explained to you, Cub Scouting is for parents as well as boys. We have a fine group of families who have indicated a willingness to help, according to their abilities. We invite you to add your talents and interests so that the best possible program can be developed for your boy and his friends.

Den Leaders are always busy with den activities. Our pack leaders and committee members know you have some talent that will help in the operation of our pack. Although your help may not be on a full-time basis, whatever you can do will be appreciated greatly!

In making this survey, your pack committee wants to uncover ways you can enjoy giving assistance. Please answer the following as completely as possible:

1. My hobbies are: \_\_\_\_\_

2. I can play and/or teach these sports: \_\_\_\_\_

3. My job, business, or profession would be of interest to Cub Scouts: \_\_\_\_\_

4. I am willing to help my boy and the pack as:  Pack Committee Member  Cub Scout Den Leader Assistant  
 Assistant Cub Master  Pack Trainer  Other: \_\_\_\_\_

5. My Scouting experience:  Cub Scout  Boy Scout  Girl Scout  Explorer  Adult leader  
Rank attained: \_\_\_\_\_

6. I can help in these areas: (Circle all that apply.)

Carpentry      Swimming      Games      Nature      Sports      Crafts      Sewing      Cooking

Outdoor Activities      Music / Songs      Bookkeeping      Computer Skills      Drawing / Art

Radio      Electricity      Transportation      Gardening      Skits      Banquets      Supervision

Other (Please Specify): \_\_\_\_\_

7. Special Program Assistance:

I have an SUV or  van  truck  station wagon

I have a workshop  I have family camping gear  I could help organize field trips

8. My child has special needs:  yes  no (If yes, please complete the back of this form.)

**\*Thank you for completing this survey! Your cooperation and help are greatly appreciated!\***

**Special Needs For Your Child:**

It is VERY important that you communicate with me any special needs regarding your son. If you feel uncomfortable putting it in writing, please see me in private! This is very important! Thank you!

Please list below **anything** I need to know about your child. This includes allergies, disabilities, hearing problems, vision problems, developmental concerns, emotional issues, behavior issues, medications, etc. **As teachers, we understand all about confidentiality and this list will remain confidential!** Only our Cub Master (Christy Jordan) and Den Leader (Fred Wheat) will have access. Thank you for your help!

Scout Name: \_\_\_\_\_

<p><u>Special Needs / Medications:</u></p>
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<p><u>Disabilities:</u></p>
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<p><u>Hearing / Vision:</u></p>
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<p><u>Allergies:</u></p>
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<p><u>Anything else you want me to know about your son:</u></p>
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