

Baseline Boy Scout Family Information

Parents please complete this form and return with the attached consent form in the enclosed envelope to your scout's troop master. All of the information is strictly confidential. Some of this information will be used to set up your son's access to his new Boy Scout Achievement Badge web site. Other information will be used to evaluate the success of this new Achievement Badge program. THANK YOU!

A. BASIC SCOUT INFORMATION

Scout and Parent's Address:

- Scout's Name: _____
- Scout's Troop #: _____
- Parent or Guardian's Name: _____
- Home Address: _____
City: _____ State: TX ZIP CODE: _____
- Home Telephone Number: (____ ____) _____
- Other Telephone Number: (____ ____) _____
- Scout's Social Security Number _____ - _____ - _____
(to receive \$20 reimbursement for each of three data collections)
- Parent's email address: _____
- Scout's Email Address: _____
- Type of computer scout has at home: PC MAC
- ISP company for Internet access at home (e.g. AOL, MSN): _____

B. SCOUT INFORMATION

Would you please provide the following information about your scout?

- Scout's date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month		day	year
- What grade is your scout enrolled in at school?

<input type="checkbox"/>	5 th grade	<input type="checkbox"/>	9 th grade
<input type="checkbox"/>	6 th grade	<input type="checkbox"/>	10 th grade
<input type="checkbox"/>	7 th grade	<input type="checkbox"/>	11 th grade
<input type="checkbox"/>	8 th grade	<input type="checkbox"/>	12 th grade

3. Was your scout born in the United States?

₁ Yes ₂ No

a. **If No**, Please specify the country of his birth:

4. To which of the following races do you consider your scout to belong? You may choose all that apply.

₁ Black or African-American

₄ Asian or Pacific islander

₂ White

₅ Hispanic or Latino

₃ American Indian or Alaska native

₆ Other (*please specify*):

5. Which of the following describe his ethnicity? You may choose all that apply.

₁ African (*please specify*):

₁₀ Chinese

₂ West Indian / Caribbean (*specify*):

₁₁ Korean

₃ Mexican / Mexican-American/ Chicano

₁₂ Filipino

₄ Puerto Rican

₁₃ Vietnamese

₅ Cuban

₁₄ Other Asian (*please specify*):

₆ Central American

₁₅ Native Hawaiian

₇ Other Latino/Hispanic (*please specify*):

₁₆ Guamanian or Chamorro

₈ Asian Indian

₁₇ Samoan

₉ Japanese

₁₈ Tongan

₁₉ Other (*please specify*):

₂₀ **None of the above**

C. PRIMARY CAREGIVER INFORMATION

Would you please provide the following information about yourself?

6. To which of the following races do you consider yourself to belong? You may choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> ₁ Black or African-American | <input type="checkbox"/> ₄ Asian or Pacific islander |
| <input type="checkbox"/> ₂ White | <input type="checkbox"/> ₅ Hispanic or Latino |
| <input type="checkbox"/> ₃ American Indian or Alaska native | <input type="checkbox"/> ₆ Other (<i>please specify</i>): |
-

7. Which of the following describe your ethnicity? You may choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> ₁ African (<i>please specify</i>):
_____ | <input type="checkbox"/> ₁₀ Chinese |
| <input type="checkbox"/> ₂ West Indian / Caribbean (<i>specify</i>):
_____ | <input type="checkbox"/> ₁₁ Korean |
| <input type="checkbox"/> ₃ Mexican / Mexican-American/ Chicano | <input type="checkbox"/> ₁₂ Filipino |
| <input type="checkbox"/> ₄ Puerto Rican | <input type="checkbox"/> ₁₃ Vietnamese |
| <input type="checkbox"/> ₅ Cuban | <input type="checkbox"/> ₁₄ Other Asian (<i>please specify</i>):
_____ |
| <input type="checkbox"/> ₆ Central American | <input type="checkbox"/> ₁₅ Native Hawaiian |
| <input type="checkbox"/> ₇ Other Latino/Hispanic (<i>please specify</i>):
_____ | <input type="checkbox"/> ₁₆ Guamanian or Chamorro |
| <input type="checkbox"/> ₈ Asian Indian | <input type="checkbox"/> ₁₇ Samoan |
| <input type="checkbox"/> ₉ Japanese | <input type="checkbox"/> ₁₈ Tongan |
| | <input type="checkbox"/> ₁₉ Other (<i>please specify</i>):
_____ |
| | <input type="checkbox"/> ₂₀ None of the above |

D. FAMILY INFORMATION

Would you please provide the following information about yourself?

1. What is the highest level of education that you have completed? (**Please "X" only one answer**)

- | | |
|---|---|
| <input type="checkbox"/> ₁ 6 th grade or less | <input type="checkbox"/> ₅ Technical School |
| <input type="checkbox"/> ₂ 8 th grade or less | <input type="checkbox"/> ₆ Some College |
| <input type="checkbox"/> ₃ Attended some High School | <input type="checkbox"/> ₇ College Graduate |
| <input type="checkbox"/> ₄ High School Graduate or GED | <input type="checkbox"/> ₈ Post Graduate Study |

2. What is the highest education level completed among all the people living in your home? (**Please "X" only one.**)

- | | |
|---|---|
| <input type="checkbox"/> ₁ 6 th grade or less | <input type="checkbox"/> ₅ Technical School |
| <input type="checkbox"/> ₂ 8 th grade or less | <input type="checkbox"/> ₆ Some College |
| <input type="checkbox"/> ₃ Attended some High School | <input type="checkbox"/> ₇ College Graduate |
| <input type="checkbox"/> ₄ High School Graduate or GED | <input type="checkbox"/> ₈ Post Graduate Study |

How many of the following do you or members of your household have in your home? Please place an "X" in the appropriate box. Only count those that are in working condition.

3. VCR players:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
4. DVD players:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
5. Cell phones:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
6. Pagers:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
7. Automobiles (including motorcycles, cars, pickups, vans, SUV's, etc.):	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
8. Color Televisions:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
9. Computers used by your family:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
10. Dishwashers:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
11. Microwave ovens:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or more <input type="checkbox"/>

12. Do you own the home in which your Boy Scout lives?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
13. Does your Boy Scout have a TV in his bedroom?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
14. Does your Boy Scout have a computer in his bedroom?	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂

E. HOUSEHOLD MEMBERSHIP

1. Besides yourself, how many other adults live in your household? (18 years or older)
2. Besides **your scout**, how many sisters, brothers or other children live in your household?

F. PARENT / GUARDIAN WEIGHT AND HEIGHT

Parent/Guardian No. 1.a: What is your relationship to the boy scout?

- | | |
|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandmother or Great Aunt | <input type="checkbox"/> Grandfather or Great Uncle |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Other Female Relative | <input type="checkbox"/> Other Male Relative |
| <input type="checkbox"/> Other Female Non-Relative | <input type="checkbox"/> Other Male Non-Relative |

1.b. What is your weight in pounds? Lbs.

1.c. What is your height? Ft. Inches

2. Is there another Parent or Guardian for this scout in your home? ₁ Yes ₂ No

2.a. What is their relationship to the boy scout?

- | | |
|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandmother or Great Aunt | <input type="checkbox"/> Grandfather or Great Uncle |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Other Female Relative | <input type="checkbox"/> Other Male Relative |
| <input type="checkbox"/> Other Female Non-Relative | <input type="checkbox"/> Other Male Non-Relative |

2.b. What is this person's weight in pounds? Lbs.

2.c. What is this person's height? Ft. Inches