



ST. PATRICK'S RANGERS DATA FORM

PASSPORT SIZED
PHOTO

INSTRUCTIONS: All details are to be completed. The information is required for identification purposes for camps and medical needs. One (1) passport sized photo must be submitted with form.

Personal Details

Name: (Ms/Mrs/Mr) _____

Date of Birth: _____ Age: _____ Gender: _____ Marital Status: _____

Home Address: _____

TRN: _____ Type of ID: _____ ID #: _____

Telephone #: _____

Email Address: _____

Special Skills/Talent: _____

Hobbies: _____

Please indicate if you suffer from any allergies or major health concerns (e.g. Asthma, Sinusitis):

Are you currently on any medication: Yes _____ No _____, If yes please indicate the name and dosage: _____

Doctors Name: _____ Telephone #: _____

Next of Kin (MUST be Parent/Guardian for persons who are under 18 years)

Name: _____

Address: _____

Telephone: _____ Relation: _____

School/Work/Extra-Curricular Details

Employer Name/Address/Telephone #): _____

Name of School (currently attending/last attended): _____

Area of Study (List subjects/programmes/grades): _____

Name of special certificates/awards received: _____

Are you a member of any other clubs: Yes _____ No _____ Name & Position _____

Where do you hope to see yourself in 5 years: _____

Rangers Activities

Committee: _____ Rank: _____

Date Joined: _____ Date of Induction: _____

Interviewing Officer: _____

Please indicate if there are any food that you do not eat: _____

What do you expect from being a part of the group: _____

Ranger Signature: _____ Parent/Guardian(for minors): _____

Date: _____