



SCOVETH Biographical Form

Thank you for participating in the SCOVETH (Virginia **SC**outing and **VE**terans Oral **H**istory Project), a collaborative effort between the Virginia War Memorial and the BSA Heart of Virginia Council.

To provide a more detailed record for educational and research purposes, please fill out the following form.

General Information:

Name _____

First

Middle

Last

Maiden Name

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Birth Date _____ Place of birth _____

Where did you spend the majority of your childhood? _____

Gender _____ Race/Ethnicity(optional) _____

Military Service:

Branch of Service _____

Battalion, Regiment, Ship, etc. _____

Highest Rank _____ Service Dates _____ to _____

Locations of Military Service _____

Did you sustain any combat or service-related injuries? _____

Medals or awards _____

Scouting Background and Bio on back page →

If you were a Scout:

What was your Scouting unit? (Cub Scouts, Scouts BSA, Venturing, Sea Scouts, Exploring, Girl Scouts, or Gold Award Girl Scouts)

Highest Rank in Scouting _____ How long were you involved in Scouting? _____

Scouting Dates (approximate) _____ to _____

Where were you involved in scouting (state and council)? _____

Any other biographical material (on military service or Scouting) you would like to share?

Thank you for taking the time to fill out the Biographical Form!

If you have any questions, please contact Tom Bryan via phone (425-466-9749) or via email
(tom@bryangeodemo.com)

End