KEAS | CUBS | SCOUTS | VENTURERS | ROVERS | LEADERS

CONSENT AND APPLICATION TO JOIN

Our Scout Group

Please complete and return to the Group.

About your child or young person

Last name: _____

First name: _____

Address _____

_____

_____ Postal code _____

hm ph: 0 _____

mobile: 0 _____

email: _____

Date of Birth _____ School year _____

☐ Male ☐ Female Ethnicity: _____

School: _____

Interests & hobbies: _____

_____

Sports & activities: _____

_____

_____

Medical notes: _____

_____

_____

Dietary notes: _____

_____

_____

General comments: *(please note any information that may limit your son or daughter from fully participating in activities)*

_____

_____

Consent to take part in SCOUTS

I agree to my child/young person becoming part of SCOUTS New Zealand at this Scout Group and fully participating in its adventurous activities.

I agree that photographs taken during the course of activities and events are the property of SCOUTS New Zealand and may be used in publicity and marketing of SCOUTS New Zealand.

I agree to share in the organising and running of this Scout Group.

Signed (Parent/Caregiver) _____

Please print your name _____

Date _____

Privacy Act

In compliance of the Privacy Act 1993 the following is brought to your attention.

a. The Scout Association of New Zealand and this Scout Group collect personal information.

b. The information is collected to: -
   i) enable enrolment in SCOUTS New Zealand
   ii) make arrangements for your child or young person's participation, safety and welfare
   iii) allow communication with you, your child/young person and your family
   iv) allow for the planning and delivery of effective services through The Scout Association of New Zealand

c. The information is being collected by this Group for SCOUTS New Zealand and will be used by the organisers and managers. It will form part of a directory of Scout personnel and membership records and is available to your Group, Zone and Region. It may be used to inform you about products and services offered or recommended by SCOUTS New Zealand, and opportunities to support SCOUTS New Zealand's work.

d. The information will be held securely, stored electronically and used for SCOUTS New Zealand purposes only.

e. You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

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About You

	Parent / Caregiver 1	Parent / Caregiver 2
Last name:		
First name:		
Address:		
Postal code:		
Phone home	0	0
work	0	0
mobile	0	0
Email:		
Relationship to child or young person		
Occupation		
Skills and qualifications		
Interests & hobbies:		
Sports & activities:		
Experience / achievement with youth organisations e.g. Scouts, Guides, St Johns etc as a youth or leader.		

How You Can Support Our Group

Please indicate how you can best share in the help needed to make your child's time in SCOUTS a real adventure.	Parent/Caregiver 1 Yes	Parent/Caregiver 1 No	Parent/Caregiver 2 Yes	Parent/Caregiver 2 No
Be a ***Leader***	☐	☐	☐	☐
Be a ***Helper*** at meetings and other activities	☐	☐	☐	☐
Serve on the ***Group Committee***	☐	☐	☐	☐
Keep ***Group records*** on your own computer	☐	☐	☐	☐
Help with ***financial records***	☐	☐	☐	☐
Secretarial work – i.e. word processing, copying	☐	☐	☐	☐
Marketing – Design brochures / distribute these	☐	☐	☐	☐
Publicity – Write newspaper/ newsletter articles	☐	☐	☐	☐
Help with ***fundraising*** activities	☐	☐	☐	☐
Help with ***repair and maintenance*** of equipment or hall	☐	☐	☐	☐
Training and testing for Interest Badges	☐	☐	☐	☐
Help ***supervise games*** and other activities at Kea, Cub, Scout meetings and camps	☐	☐	☐	☐
Providing ***transport*** for Keas, Cubs, Scouts or Venturers	☐	☐	☐	☐
Assistance with ***social functions***	☐	☐	☐	☐
Sewing Scarves	☐	☐	☐	☐
Other - Please indicate any other ways you can help	☐	☐	☐	☐
	☐	☐	☐	☐

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