

CONSENT AND APPLICATION TO JOIN

St Martins Scout Group

Please complete and return to the Group.

About your son or daughter

Surname:	Interests & hobbies:
First name: .....	.....
Address	Sports & activities:
..... Postal code .....	.....
hm ph: 0	Medical notes:
mobile: 0 .....	.....
email: .....	.....
Date of Birth School year	Dietary notes:
<input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: .....	.....
School: .....	.....
General comments: <i>(please note any information that may limit your son or daughter from fully participating in activities)</i>	
.....	
.....	

Consent to take part in SCOUTS

I agree to my son or daughter becoming part of SCOUTS New Zealand at this Scout Group and fully participating in its adventurous activities.	Signed (Parent/Caregiver)
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.	Please print your name
I agree to share in the organising and running of this Scout Group.	Date

Privacy Act

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

- The Scout Association of New Zealand and this Scout Group collect personal information.
- The information is collected to: -
 - enable enrolment in SCOUTS New Zealand
 - make arrangements for your son's and daughter's participation, safety and welfare
 - allow communication with you, your son and daughter and your family
 - allow for the planning and delivery of effective services through The Scout Association of New Zealand
- 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.
- The information will be held securely, stored electronically and used for SCOUTS New Zealand purposes only.
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

**ADVENTURE
PLUS!**

+ COMMITMENT + EXPLORATION + LEARNING + ASSURANCE

0800 SCOUTS
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SCOUTS
New Zealand

About You

	Parent / Caregiver 1	Parent / Caregiver 2
Surname:
First name:	.....	.....
Address:	..... ..... .....	..... ..... .....
Postal code:	.....	.....
Phone home	0.....	0.....
work	0.....	0.....
mobile	0.....	0.....
Email:	.....	.....
Relationship to son or daughter	.....	.....
Occupation	.....	.....
Skills and qualifications	.....	.....
Interests & hobbies:	.....	.....
Sports & activities:	.....	.....
Please indicate any previous involvement with youth organisations. E.g. Cub, Scout, Warranted Leader and achievements.	..... ..... .....	..... ..... .....

How You Can Support Our Group

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

July 2010 consent_and_application_to_join.doc

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