CONSENT AND APPLICATION TO JOIN

Our Scout Group

Please complete and return to the Group.

About your son or daughter					
Surname: First name:	Interests & hobbies:				
Address	Sports & activities:				
Postal code hm ph: <u>0</u> mobile: <u>0</u> email:	Medical notes:				
Date of Birth School year School:	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 son or daughter 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 son's and daughter's participation, safety and welfare
 - iii) allow communication with you, your son and daughter 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.





About You		
	Parent / Caregiver 1	Parent / Caregiver 2
Surname:		
First name:		
Address:		
Postal code:		
Phone home work	Q	Ω
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				
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 No		Parent/Caregiver 2 Yes 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 <i>financial records</i>				
Secretarial work – i.e. word processing, copying				
Marketing - Design brochures / distribute these				
Publicity – Write newspaper/ newsletter articles				
Help with <i>fundraising</i> activities				
Help with <i>repair and maintenance</i> 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				

July 2010 consent_and_application_to_join.doc



