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: Sports & activities:				
Address Postal code					
hm ph: 0 mobile: 0 email:	Medical notes:				
Date of Birth School year 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
 - $\stackrel{\hbox{\scriptsize ii}}{\mbox{\scriptsize ii}}$ 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.





0800 **SCOUTS**



About You		
	Parent / Caregiver 1	Parent / Caregiver 2
Surname:		
First name:		
Address:		
Postal code:		
Phone home work mobile	0 0 0	0 0 0
Email:		
Relationship to son or daughter		
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 No		Parent/Caregiver 2 Yes No		
Be a Leader					
Be a <i>Helper</i> at meetings and other activities					
Serve on the Group Committee					
Keep <i>Group records</i> 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 fundraising 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





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