

CONSENT AND APPLICATION TO JOIN

Hawke Sea Scout Group

Please complete and return to the Group.

About your son or daughter

Surname: _____ First name: _____	Interests & hobbies: _____ _____
Address _____ _____ Postal code _____	Sports & activities: _____ _____
Home ph: 0 _____ mobile: 0 _____ email: _____	Medical notes: _____ _____
Date of Birth _____ School year _____ Male Female Ethnicity: _____ 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.

- 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.



KEAS

CUBS

SCOUTS

VENTURERS

ROVERS

LEADERS

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

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		Parent/Caregiver 2	
Be a Leader	YES	No	YES	No
Be a Helper at meetings and other activities	YES	No	YES	No
Serve on the Group Committee	YES	No	YES	No
Keep Group records on your own computer	YES	No	YES	No
Help with financial records	YES	No	YES	No
Secretarial work – i.e. word processing, copying	YES	No	YES	No
Marketing – Design brochures / distribute these	YES	No	YES	No
Publicity – Write newspaper/ newsletter articles	YES	No	YES	No
Help with fundraising activities	YES	No	YES	No
Help with repair and maintenance of equipment or hall	YES	No	YES	No
Help with repair and maintenance of BOATS & TRAILERS	YES	No	YES	No
Training and testing for Interest Badges	YES	No	YES	No
Help supervise games and other activities at Kea, Cub, Scout meetings and camps	YES	No	YES	No
Providing transport for Keas, Cubs, Scouts or Venturers	YES	No	YES	No
Assistance with social functions	YES	No	YES	No
Sewing Scarves	YES	No	YES	No
Other - Please indicate any other ways you can help				

**ADVENTURE
PLUS!**



SCOUTS
New Zealand