

Things you should know:

1. Your child wishes to join our: *(please tick one)*



Kea Club Cub Pack Scout Troop Venturer Unit

of the: **KINGSLEY** Scout Group

2. The meeting place is: Kingsley Scout den, 196 James Street, Whakatane

The meeting time is from: to

The usual meeting day is:

3. The main leader is:

Address 1:

Address 2:

Home Phone:

Mobile Phone:

E-mail:

4. The Leaders will provide details of the uniform to be worn and books needed, the approximate cost, and where they may be purchased.

5. At investiture, a promise is made. The promises are as follows:

Kea Scout: I will try to share my fun and help others.	
Cub Scout I promise to do my best, To do my duty to my God To the Queen and my Country, To help other people And to live by the Cub Law.	Scout, Venturer Scout and Adult Leaders On my honour I promise to do my best, To do my duty to my God To the Queen and my Country, To help other people And to live by the Scout Law.

6. Subscriptions:

A once-off **Group-joining** fee of: \$
 Group Annual Subscription is: \$ **150.00** (Cheque payable to "Kingsley Scout Group")
 Section Term Subscription is: \$ **60** (1st payment), then \$30 per term

Note: The full legal name for Scouting is: **The Scout Association of New Zealand.**

PLEASE RETAIN THIS PAGE FOR YOUR INFORMATION

Please print, complete this page and return it to:

Name: Patsy Roberts.....
 Position: Group Membership Secretary
 Address: c/o PO Box 191
 Whakatane 3158

Information about your child:

Their name:	
Date of birth:	
School:	
Please list any hobbies or sports your child is involved in:	
Please list any information which might limit your child's full participation in activities (e.g. Disabilities, allergies, health problems, diet, etc):	
Date of last Tetanus injection:	
I agree to my child becoming a member of Scouting New Zealand and participating fully in it's adventurous activities. YES / NO	
I give permission for Whakatane Kingsley Scouts to use my child's photos for promotion of the scout movement. YES / NO	

Parents/Caregivers contact details:

Names:		
Address:		
Home Tel:		
Work Tel:		
Mobile:		
E-mail:		
Signatures: (Print and sign please)	x	x
Dated:		

Scouting is a community affair and the participation and support of parents, caregivers and families is essential to its success. We can operate only as long as each family shares in the tasks which are involved.

Your help is **ESSENTIAL** – please complete these details in full.

Parents/Caregivers contact details continued:

Your names:		
Relationship to child:		
Present (or usual) occupation:		
A note of your interests, skills, qualifications, hobbies:		
Any previous service as a Youth Leader:		

Please tick items that you will/can help with:

VOLUNTARY TASKS	Mother	Father
Be an Adult Leader to help at most meetings	<input type="checkbox"/>	<input type="checkbox"/>
Serve on the Group Committee	<input type="checkbox"/>	<input type="checkbox"/>
Keep Group records on own computer	<input type="checkbox"/>	<input type="checkbox"/>
Help with financial records	<input type="checkbox"/>	<input type="checkbox"/>
Secretarial work – i.e. word processing, copying	<input type="checkbox"/>	<input type="checkbox"/>
Marketing – Design brochures distribute these	<input type="checkbox"/>	<input type="checkbox"/>
Publicity – Write newspaper/ newsletter articles	<input type="checkbox"/>	<input type="checkbox"/>
Help with Fundraising activities	<input type="checkbox"/>	<input type="checkbox"/>
Help with repair and maintenance of equip or hall	<input type="checkbox"/>	<input type="checkbox"/>
Training and testing for Interest Badges	<input type="checkbox"/>	<input type="checkbox"/>
Help at and supervise games and other activities at Kea, Cub or Scout meetings and camps	<input type="checkbox"/>	<input type="checkbox"/>
Providing transport for Keas, Cubs, Scouts or Venturers	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with social functions	<input type="checkbox"/>	<input type="checkbox"/>
Sewing Scarves	<input type="checkbox"/>	<input type="checkbox"/>

Consent and Information:



Dear Parent or Caregiver,

Your child wishes to join our Group.

Please read this form, if you approve, please fill in the information section on page 2 and return it to our membership secretary.

In compliance with the Privacy Act 1993 the following is brought to your attention:

- a) This form collects personal information.
- b) This information is collected to:
 - i) enable enrolment in the Scout Movement.
 - ii) make arrangements for your child's participation and welfare.
- c) The information is being collected by the Scout Group, which is part of Scouting New Zealand. It will form part of a directory of Scout personnel and membership records.
- d) The information may be held and stored electronically by Scouting New Zealand.
- e) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Scouting Is New Zealand's Leading and Preferred Youth Movement.

For the Youth of New Zealand we will give:

- A programme based on recreation and fun
- Experience in the outdoors
- An introduction to life skills

For Adult Leaders and Supporters we will provide:

- Personal growth through training and support
- Enjoyment through working with youth

For the Community we will:

- Ensure a safe environment for our youth
- Develop good citizens

Some general information concerning is given on this form. Please do not hesitate to ask for more information or advice.

You are always welcome at our meetings, to observe your child's progress and to share in the fellowship of the Scout Group.

Yours sincerely:

GROUP LEADER: Fran Cacace.....

Phone: 027 819 3188

E-mail: cacace@vodafone.co.nz

Website: www.kingsleyscouts.org.nz