

100th ELVETHAM HEATH SCOUT GROUP



Membership Application

Data protection

Please note that information supplied on this form will be held centrally and used to ensure efficient administration of the Group by the Leadership and Executive teams. Information given will be used for scouting purposes only and may be shared within the UK Scout Movement. If you object to this information being so held, advise the Group Scout Leader so that the details can be removed and held separately.

Child's full name: _____ Date of birth: _____

Address: _____

Postcode: _____ email: _____

Religion: _____ Phone No: _____

School: _____ Mobile No: _____

Name of parent(s)/guardian(s): _____

Any special information we need to be aware of (e.g. health; behaviour; phobias; medication, etc.)

Supporting the Group

The Group relies on the help and support of all parents, without whom the Group cannot function properly. To make the Group's Leadership more effective – and broaden the experience of the young members – we need to involve parents within the programme. Parents are automatically expected to

- Help (once a term at least) on the parent rota.
- Complete a CRB form (whichever parent may help, or both)
- Complete a Gift Aid form (if Taxpayer)
- Pay subscriptions promptly by 2nd meeting each term of £35 (Beavers), £40 (Cubs), £50 (Scouts)
- Agree that photographs taken of their child(ren) may be used within the Group (e.g. in AGM presentations) and for scouting purposes only.

In addition the Group would welcome additional regular support. Please indicate if you can

- help on a more frequent basis (once a month / fortnight / week)
- Join the Executive Committee (meetings 4 times a year)
- Share any hobbies/interests/skills/faith with the young people in the Group; hobbies being:

Signed _____ Date _____

Please return with completed CRB form, Gift Aid form and Medical form to the Secretary. Thank you