



14th Keighley (Haworth) Scout Group Register of Interest Application Form



Please complete this form and return to the leader who provided it or email to Admin@HaworthScoutGroup.co.uk

We will advise you as soon as a place becomes available within our group

| APPLICANT INFORMATION | | | |
|---|--------------------------------|------------------------|--|
| Childs Name (First Name): | | Family Name: | |
| Date of Birth: | | School: | |
| Mother's/Carer's Name: | | Father's/Carer's Name: | |
| Correspondence to be address to: Mrs/Ms/Miss/Dr and Mr/Mrs/Mr etc: | | & | |
| Home Address: | | | |
| Postcode: | | Phone No: | |
| | | Mobile No: | |
| If we can communicate by email, Please provide an address: | | | |
| OTHER INFORMATION | | | |
| When we are able to offer your child a place, can you support the Group in any of the following ways? Please consider the following list and tick as appropriate. | | | |
| We do need assistance of adults to help supervise and carry out the programmes on Wednesday evenings and occasionally weekends. This could be on a regular or occasional basis. You do not have to wear uniform or do any special training (although you may subsequently choose to). | | | |
| Could you help us at Colony/Pack/Troop Meetings? | | | |
| YES | POSSIBLY (tell me more) | No | |
| For activities and Camps – we sometimes use a minibus. | | | |
| Could you drive a minibus? (You may need to take a short test first) | | | |
| YES | POSSIBLY (tell me more) | No | |
| We periodically need to organize fundraising events as not all the Group's expenses can be met from subscriptions. | | | |
| Could you help raise funds for the Group? | | | |
| YES | POSSIBLY (tell me more) | No | |
| The Group Executive Committee assists and supports the Group Scout Leader and other Leaders in managing and running the Group. It is responsible for maintaining Group property, insurance, public relations and assisting with Leader recruitment. Generally the Group Executive Committee meet four times a year. | | | |
| Would you stand for a two year term on the Executive Committee sometime in the future? | | | |
| YES | POSSIBLY (tell me more) | No | |
| I accept that the Scout Group will be keeping information about my Son's/Daughter's membership of the Scout Movement for Scouting purposes. | | | |
| Signing/returning this document gives explicit consent to holding information of my Son's/Daughter's health; additional needs; religion/faith; race/ethnic origin again for Scouting purposes. | | | |
| I do not give consent to the disclosure of any information held to third parties associated with the Scout movement in order that they may offer products and services which may be of interest, such as discounts on outdoor equipment | | | |
| Signed: | | Name | |
| Date: | | | |