I want my child to join Scouting, please

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parent or guardian Details |  | | | | | | |
| Title / First / Last Name |  | | |  | |  | |
| Address Line 1: |  | | | | | | |
| City: |  | | | | | | |
| County: |  | | | | | | |
| Post Code: |  | | | | | | |
| Telephone: |  | | | | | | |
| Email: |  | | | | | | |
| Young Person’s Details 1 |  | | | | | | |
| First / Last Name |  | | | |  | | |
| Contact details as above: | YES / NO |  | | | If Yes skip to Date of Birth | | |
| Address Line 1: |  | | | | | | |
| City: |  | | | | | | |
| County: |  | | | | | | |
| Post Code: |  | | | | | | |
| Telephone: |  | | | | | | |
| Date of Birth: | / / | | | | Age in Years | |  |
| Gender: | Male | |  | | Female | |  |
| Young Person’s Details 2 |  | | | | | | |
| First / Last Name |  | | | |  | | |
| Contact details as above: | YES / NO |  | | | If Yes skip to Date of Birth | | |
| Date of Birth: | / / | | | | Age in Years | |  |
| Gender: | Male | |  | | Female | |  |

I can help Scouting

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How much time do you have to volunteer? | Hours per: |  | Week: |  | Month: |  |
| What time of day are you able to volunteer? | Daytime: |  | Evening: |  | Weekends: |  |
| I’m interested in the following: |  | Leader | |  | Scout network | |
|  | Assistant Leader | |  | Manager | |
|  | Skills Instructor | |  | Fellowship | |
|  | Local Committee | |  | Administrator | |
| If you wish to work with young people, which age? |  | | 6 to 8 Years | | Beavers | |
|  | | 8 to 10 Years | | Cubs | |
|  | | 10 – 14 Years | | Scouts | |