**18th ST ALBANS AQUILA SCOUT TROOP**

**MEMBERSHIP FORM**

Please consult the "Information for Parents of New Scouts" and in particular the section, "Notes about the Forms" for further guidance. Use the back of the page, if you run out of room.

Please complete all pages.

|  |  |
| --- | --- |
| **GENERAL INFORMATION** | |
| Member’s name  (forename used + surname) | Click here to enter text. |
| Full forenames | Click here to enter text. |
| Gender | Click here to enter text. |
| Date of birth | Click here to enter text. |
| Scout’s E-mail address (See notes) | Click here to enter text. |
| School | Click here to enter text. |
| Religion  and place of worship | Click here to enter text. |
| Doctor's (GP) name or Surgery name | Click here to enter text. |
| Doctor's telephone number | Click here to enter text. |
| Any special needs: physical, educational, allergies etc. | Click here to enter text. |
| Any other information about your son or daughter that the Troop should know | Click here to enter text. |
| *Information from the Troop*. Please tick this box, if you are UNABLE to take only email notifications of letters and we need to send paper versions. (See notes) | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **PREVIOUS SECTIONS**  Please list all previous sections in the 18th or another Scout Group, together with length of time in each. | | |
|  | Section name (in 18th)  or Group name (another Group) | Length of time (years and months) |
| Beavers | Click here to enter text. | Click here to enter text. |
| Cubs | Click here to enter text. | Click here to enter text. |
| Scouts | Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| NIGHTS AWAY Please list Camps and other Nights Away activities within Scouting before joining the Troop. | | |
| Camp location | Date (year) | Number of nights |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| PRIMARY CONTACT (parent): relationship to scout | Click here to enter text. |
| NAME | Click here to enter text. |
| ADDRESS | Click here to enter text. |
| POSTCODE | Click here to enter text. |
| TELEPHONE NUMBER | Click here to enter text. |
| *Alternate tel. number (optional)* | Click here to enter text. |
| *EMAIL (This address will be used in future emailings)* | Click here to enter text. |
| **SECOND CONTACT** (other parent): relationship to scout. | Click here to enter text. |
| *NAME* | Click here to enter text. |
| *TELEPHONE NUMBER* (optional) | Click here to enter text. |
| *EMAIL (optional)* | Click here to enter text. |
| **FATHER’S OCCUPATION** | Click here to enter text. |
| **MOTHER’S OCCUPATION** | Click here to enter text. |

|  |  |
| --- | --- |
| **PARENTAL SUPPORT** – What can you help with? Please check boxes |  |
| Administration to assist Scout Troop |  |
| Fundraising events – organising, attending, jumble sales, raffles etc |  |
| Finance management – accounts, telephoning, gift aid etc |  |
| Organising sporting events e.g. football, swimming galas etc |  |
| Executive Committee team (Group organisation) |  |
| Maintaining records |  |
| Social events – Quizzes, fetes etc |  |
| HQ maintenance - General repairs |  |
| * Electrics |  |
| * Plumbing |  |
| * Woodwork |  |
| Quartermaster Stores – help looking after camping equipment, |  |
| Cleaning – sweeping, hovering, dusting, toilets, kitchen etc |  |
| Grounds – weeding, lopping, mowing, sweeping, planting etc |  |
| Transport – Trailers, large cars, vans, camps, events etc |  |
| **Section help** - regular or ad hoc help with section if required |  |
| Please indicate particular parent interests (such as music, IT, animals, Faith, books, Science) (maybe you can help with particular badges) |  |

|  |
| --- |
| PERMISSIONS Please delete phrases in as appropriate. |
| Troop Photos (see Notes in Membership Pack for fuller explanation) I give permission for photographs to be taken of my child for Scouting purposes. |
| Membership Records. I accept that the Scout Troop will keep information about my son’s/daughter’s membership for Scouting purposes. I give explicit consent to the holding of information of my son’s/daughter’s health, special needs, and faith for Scouting purposes. (See Notes for fuller explanation) |
| I give permission for my son/daughter to be a member of Aquila Scout Troop and I have read and accept the information in the Membership Pack.  Signed (parent/guardian): Click here to enter text. Date:Click here to enter text.  (Print name if returning electronically) |