



**YOUTH/PARENT/GUARDIAN INFORMATION.**

**PARTICULARS OF YOUTH MEMBER.**

<b>FAMILY or SURNAME</b>					
<b>First Name</b>		<b>Preferred Name</b>		<b>Middle Name(s)</b>	

Home Address		Phone No	
Suburb		Post Code	
Postal Address		Post Code	
Email			

Date of Birth		Male		Female	
Spiritual Belief			Nationality		
School			Medicare No		
Custody/Guardianship Issues					

Please list any issues relating to the member that would benefit the Leaders:

<b>Group to complete</b>			
Photography & Video	Date Joined	Date Invested	Membership No
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>	<input type="text"/>

**THIS FORM SHOULD BE RETAINED BY THE SECTION LEADER OR GROUP LEADER**

COMPLETE OVERLEAF



**YOUTH/PARENT/GUARDIAN INFORMATION.**

**PARTICULARS OF PARENT(S)/GUARDIAN(S).**

**MOTHER/FEMALE GUARDIAN**

<b>SURNAME</b>				<b>FIRST NAME</b>		
Home Address				Home Phone No		
Suburb		Post Code		Mobile Phone No		
Occupation				Work Phone No		
Email						
Hobbies that could assist Scouting						
Skills that could assist Scouting						

**FATHER/MALE GUARDIAN**

<b>SURNAME</b>				<b>FIRST NAME</b>		
Home Address				Home Phone No		
Suburb		Post Code		Mobile Phone No		
Occupation				Work Phone No		
Email						
Hobbies that could assist Scouting						
Skills that could assist Scouting						

**Note:-**

- (i) The Association does not intend these questions to be considered as prying into the parents/guardians private business, however, the contact details of parents/guardians is of paramount importance of those youth members placed in its care.
- (ii) If parents/guardians posses hobbies or skills experience and are able to contribute these to the development and well being of youth members then the Association encourages parents/guardians to notify the Association if they believe that will be, or are, able to assist.

I/We are willing to assist the Scout Group in the following areas by:

- Becoming a Leader within Scouting.
- Assisting the Leaders on meeting nights and activities as an Adult Helper.
- Becoming a member of the Group support committee.
- Assisting with fundraising activities/hall maintenance etc.
- Other – Please specify: .....