



**SCOUT GROUP SUPPORT – RESOURCE SURVEY**

<b>Date</b>	
<b>Group</b>	<b>District</b>
	<b>Region</b>

*A separate form should be completed by each parent or guardian, preferably when the new Member is about to join the Movement.*

**PARENT / GUARDIAN DETAILS**

<b>Name</b>	Mr / Mrs / Miss / Ms / Other							
<b>Address</b>								
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>				
<b>Home Phone</b>		Silent Y/N	<b>Work Phone</b>		Silent Y/N	<b>Mobile</b>		Silent Y/N
<b>Home Fax</b>		Silent Y/N	<b>Work Fax</b>		Silent Y/N	<b>Email</b>		Silent Y/N

**PRESENT or PAST JOBS / WORK SKILLS**

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**OTHER SKILLS, HOBBIES AND SPECIAL INTERESTS**

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**PREVIOUS SCOUTING / GUIDING EXPERIENCE (please circle and indicate number of years service)**

Cub / Brownie	Yrs	Scout / Guide	Yrs	Venturer / Ranger Guide	Yrs
Rover / Ranger	Yrs	Scout / Guide Leader	Yrs	Which Section?	

**1. Do you own any of the following equipment that you would be prepared to make available for Scouting Activities?**

**Transportation**

Item	Yes	No
Car		
Trailer		
Ute or station wagon		
Van or Bus		
Truck		

**Water Activities**

Item	Yes	No
Boat – motor		
Boat – sailing		
Canoe		
Kayak		
Swimming Pool		

**2. Are you prepared to be a Leader, Adult Support Member or Adult Helper?**

The Group Leader will conduct an interview, explaining in more detail what will be required.

Response	Leader	ASM Non Uniform	ASM Uniform	Adult Helper
Interested Immediately				
Interested within next 12 months				
Interested possible in 1-3 weeks				
Maybe though unsure at present				
No				

Preferred Section	Tick
Joey Scouts	
Cub Scouts	
Scouts	
Venturer Scout	
Rover	

**3. Please tick which of the following support you are prepared to provide.**

Item	Yes	No
Member of Group Committee		
Scout Fellowship Member		
Badge Examiner		
Working Bees		
Adult Helper – Mob/Pack Holiday		
Transport to/from events		
Fundraising		

**4. Please list your Children. first name only please.**

Member in Scouting	Age	Sex
Other Children	Age	Sex