



St. Julian's Scout Group

Parents Survey

If you have an interest in any of the following please tick in the boxes provided:

Arts	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Camping	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Music/Drama	<input type="checkbox"/>
Nature	<input type="checkbox"/>	Knotting	<input type="checkbox"/>	Orienteering	<input type="checkbox"/>
Radio Amtr.	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Drawing /Painting	<input type="checkbox"/>	Photography	<input type="checkbox"/>

Others: _____

Would you like to help out with our Group?

Yes in a small way	<input type="checkbox"/>	Yes I can provide transport car	<input type="checkbox"/>	truck	<input type="checkbox"/>	Van	<input type="checkbox"/>
Yes in the committee	<input type="checkbox"/>	Yes as helper to council	<input type="checkbox"/>	Yes others	<input type="checkbox"/>		

I realize that scouting is a commitment for both parent and child and that I may be asked to support the Leaders / Scout Group / Group Council from time to time. I also realize that I should co operate with the leaders where my child's behaviour is concerned.

Signature _____

Date: _____

Name in Block _____