This form needs to be completed by all adults applying for membership

SCOUTS South Africa

OFFICIAL USE
Date captured on database:
_____
No: _____
Signed: _____

Application for Adult Membership

Position applied for

In the Pack / Troop / Crew (State Group)

District | Region

Full Names & Surname

Title (Mr / Ms / Miss / Dr / Prof / Rev) | Marital Status | Male ☐ Female ☐

Previous Surname (If Applicable)

Name known by

ID No

Home

Address

Postal Code

Postal

Address

Postal Code

Occupation

Employer

Med Aid Scheme

Med Aid No

Principal Member

Doctors Name

Doctor No

Tel (H)

Tel (W)

Fax No

Cell No

Fax No

Email

Home Language

Other Languages

Do you have a Religious belief? Yes ☐ No ☐

Interests / Hobbies

Highest Education

Partner's Name

No of Children | Boys | Girls

Disabilities/Allergies

PAST SERVICE: (Include Cub, Brownie, Scout, Guide, Rover, Ranger, Past Adult Service)

Position	From Date	To Date	Group / Crew	No. Years

Total Adult Service Claimed: Operational _____ Years **Administrative**_____ Years

E-mail: info@scouts.org.za **Website: www.scouts.org.za** **Tel: 0860 SCOUTS (726887)**

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TRAINING:

Course	Date	Certificate No.

Course	Date	Certificate No.

AWARDS: (Include highest Scout / Guide / Adult Award)

Award	Date

Award	Date

I agree that SCOUTS South Africa may contact the Referees named below, for a confidential reference for me.

REFEREES: (The referees should not be relatives)

Reference 1:

Name

Address

Postal Code

Contact No

Reference 2:

Name

Address

Postal Code

Contact No

Before signing this application form, the applicant must have received, read, accepted and understood the following conditions of membership:

DECLARATION OF MEMBERSHIP

I accept that the Aims of SCOUTS South Africa are to promote the development of young people in achieving their full physical, intellectual, social and spiritual potentials, as individuals, as responsible citizens and as members of their local, national and international communities.

I accept the need/requirement to undertake training within time frames laid down by SCOUTS South Africa which is applicable for the position I'm applying for.

I accept and understand that the Child Protection Policy of SCOUTS South Africa is to safeguard the welfare of all members by protecting them from physical, sexual and emotional harm.

In accordance with The Children's Act (No. 38 of 2005) people working with children may be vetted against the National Child Protection database. I consent and give my full cooperation to SCOUTS South Africa to submit an application on by behalf.

I declare that I do not have a criminal record by having been found guilty by court of law other than declared below. Additionally, I have not been suspended or censured for any action concerning children, young people, sexual misconduct or related offences.

I understand that because my voluntary work for SCOUTS South Africa may involve substantial contact with persons under the age of 18 years of age, any conviction involving minors which would be regarded as ''spent" for other purposes must also be disclosed.

I am not, to the best of my knowledge, the subject of any criminal investigation or awaiting the outcome proceedings against me before a criminal court or other tribunal.

I understand that SCOUTS South Africa has the right to request a Police Clearance Certificate for me.

I undertake to report to the District Commissioner/Regional Commissioner or Chief Commissioner, as appropriate, any changes in my circumstances that could affect my role and membership of SCOUTS South Africa.

DECLARATION OF CRIMINAL RECORD

Offence	Date of Conviction	Sentence

I agree and authorize that photo's, statements, audio – visual recordings, video and sound bites taken, recorded and collected from me during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication and fundraising campaigns.

PROTECTION OF PERSONAL INFORMATION ACT (2013)
I consent to SCOUTS South Africa processing any personal information I supply to them for the purpose of administrating and maintaining my membership of SCOUTS South Africa.

As a member of SCOUTS South Africa

1. I accept the values of Scouting as set out in the Aim, Principles and Method.
2. I am prepared to make the Scout Promise.
3. I understand that anything I do with young people must try to help them achieve the Aim of Scouting.
4. I agree not to promote any beliefs, behaviours or practices, which are not compatible with the values of Scouting.
5. I agree to work within the policies and rules of SCOUTS South Africa and its Member Code of Conduct.

Applicant Name _____ Signature_____ Date _____

_____

For Office Use

Applicant's details submitted for Vetting against the Child Protection Database by

Name _____ Signature_____ Date _____

Response received from Child Protection Database _____No Record on Database ☐

Date Response Received _____ Applicant has Record on Database ☐

Request for Police Clearance Certificate submitted by:

Name _____ Signature_____ Date _____

Police Clearance Certificate received on _____By: Name and Signature _____

Confidential References

Dates returned: _____ Reference 1 _____ Reference 2 _____

Confidential references satisfactory **Yes** ☐ or **No** ☐

Regional Administrator Name _____ Signature_____ Date _____

Application for Adult membership. **Accepted** ☐ or **Rejected** ☐ by:

Scouter in Charge: _____ Signature_____ Date _____

District / Reg Commissioner Name _____ Signature_____ Date _____

Applicant advised by:

Name _____ Signature_____ Date _____

Reasons for rejection, if applicable: _____

_____

_____

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