

Adult Support Policy – Annexure 8 Application for Adult Service Award (Members and Employees)

Mark with an X the Role of the person for whom an Award is being applied, and the recommended years' service for the Award. Member Employee								
5 10	15	20	30	40	5	0	60	70
Details regarding	applicant:							
Surname								
First Names								
ID No.								
Address								
Position								
Group								
District				Regio	on			
National					•			
First date of reg Member/Emplo	yee of SCOL		Africa					
Present Warrant Appointment	/							
Warrant / Appointment Number			Exp date					
Service claimed with the following Group(s), District(s), Region(s) or National: Date/Month/Year No. of								
				Fro		om To		Years
Total years of s								
Concurrent service in two or more positions cannot be claimed								



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Verified breaks	s in service:							
				Date/Mo	Date/Month/Year			
				From	То	Years		
I recommend the best of my			ded a years			confirm that	, to	
Name:			Position: (SGL for Unit Scouters, DC for SGLs, RTCs for Team Members, RC for					
			RICS	, etc.)				
Signature:			Date	. .				
Signature.				·•				
For Regional use only								
Qualifying Service			Verified Period in years			rice Verified / ked by (Name)		
Adult member Group								
Adult Member	District			_				
Adult Member	Region			_				
Adult Member	National			_				
Employee Region				_				
Employee Nati	onal							
Total:								
Total Service Verified by:								
Name: Signature:								
_								
Dates of previous	ous Adult Ser	vice Awards	awarded to membe	r:				
Award	Date		Award	Date	е			
5 year			10 year					
15 year			20 year					
30 year			40 year					
50 year			60 year					



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The recommendation for a	years' Servi	ce Award is endorsed			
I confirm that to the best of my and complete	knowledge,	the information provided above is correct			
Date:	Signed:				
Position	Name				
		Regional Commissioner (for Unit, District & Regional member awards)			
Date:	Signed:				
Position	Name				
		Chief Commissioner (for RC & National member awards			
For SSA National Office use of	only				
Award recorded on database					
Signed:		Date:			
Name:					

<u>Note</u>: If the RC or CC is not prepared to endorse the recommendation, it must be referred back to the Scouter recommending the Award to provide more details or to amend the recommendation.