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Application for Adult Membership

DETAILS OF APPLICANT:

Full Names & Surname:

Title (Mr / Ms / Miss / Dr / Prof / Rev) Male Female

Previous Surname (If Applicable)

Name known by:

Identity Number: Date of Birth:

Or passport no. if no ID Date of Issue:

Home No: Cell No:

Work No: Fax No:

Email Address:

Physical Address:

Code:

Occupation:

Home Language:

Other Languages:

Medical Aid Scheme:

Medical Aid Number:

Principal Member:

Doctors Name:

Doctors Contact No: Cell No:

Disabilities/Allergies:

Interests & Hobbies:

Partners Name:

Number of Children: Boys: Girls:

Do you have a spiritual conviction or religious belief? Yes No

Next of Kin:

Contact No: Cell No:

Ethnic Group (Optional): African Asian Caucasian Coloured Indian Other

This information is solely required for reporting the demographic statistics of the Movement

POSITION APPLIED FOR: (COMPLETE WHAT YOU KNOW, LEAVE REMAINDER BLANK)

Position applied for:

In the Group/District/Team:

District:

Region/National:

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

| Position | From Date | To Date | Group / Crew / Company | No. Years |
|----------|-----------|---------|------------------------|-----------|
| | | | | |
| | | | | |
| | | | | |

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

TRAINING:

| Course | Date | Certificate No. | Course | Date | Certificate No. |
|--------|------|-----------------|--------|------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |

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

| Youth Awards | Date |
|--------------|------|
| | |
| | |
| | |

| Adult Awards | Date |
|--------------|------|
| | |
| | |
| | |

DECLARATION OF CRIMINAL RECORD:

| Offence | Date of Conviction | Sentence |
|---------|--------------------|----------|
| | | |
| | | |

Kindly ensure that a copy of your identity document is attached to this application.

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 and/or members of SSA)**Reference 1:**Full Names & Surname: Home Address: Contact cell no: Code: Contact email: **Reference 2:**Full Names & Surname: Home Address: Contact no: Code: Contact email:

Before signing this application form, the applicant must have read, accept and understand the following conditions of membership:

DECLARATION:

In signing this application form, I declare that I:

- Have read, understood and accept the Aims of SCOUTS South Africa which 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.
- Accept the need/requirement to undertake training, which is applicable for the position being applied for, within time frames laid down by SCOUTS South Africa
- Understand the Child Protection Policy of SCOUTS South Africa which is intended to safeguard the welfare of all members by protecting them from physical, sexual and emotional harm.
- Understand that, in accordance with The Children's Act (No. 38 of 2005) people working with children may be vetted against the National Child Protection database, agree to this and will give my full cooperation to SCOUTS South Africa to carry out the vetting on my behalf.
- Do not have a criminal record by having been found guilty by court of law other than declared above. Additionally, I have not been suspended or censured for any action concerning children, young people, sexual misconduct or related offences.
- 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.
- 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.
- Understand that SCOUTS South Africa has the right to request me to provide a Police Clearance Certificate.
- Undertake to report to the District Commissioner/Regional Commissioner or Chief Commissioner, as appropriate, any changes in their circumstances that could affect my role and membership of SCOUTS South Africa.
- 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.
- Agree to work within all the policies and rules of SCOUTS South Africa and its Member Code of Conduct.
- Confirm that I have read, am familiar with and fully understand the Safe Scouting Policy.

PROTECTION OF PERSONAL INFORMATION ACT (2013)

I consent to SCOUTS South Africa processing any personal information I supply to them for administrating and maintaining my membership of SCOUTS South Africa. I confirm that my personal details and supporting documents as provided with this application may be uploaded to and managed on Scouts.Digital.

AS A FUTURE 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 be 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 Organisational Rules and all Policies of SCOUTS South Africa and its Member Code of Conduct.
6. I confirm that I have read and understood the "This is Scouting for Adults" booklet prior to signing this application form.

Signature of Applicant:

Date

Signature of Witness:

Date

INDEMNITY AND DISCLAIMER FORM:

I, the undersigned:

hereby acknowledge as follows:

1. Anyone entering the premises of SCOUTS South Africa does so entirely at his or her own risk. SCOUTS South Africa does not accept responsibility and will not be liable for any loss of or any damage of any kind or any death of or injury to any person whilst participating in any activities organised by or conducted under the auspices of SCOUTS South Africa, whether such loss or death or injury is caused by the negligent act or omission of SCOUTS South Africa, its employees, agents, officers, contractors, affiliates or any other person resulting from any other cause whatsoever.
2. I hereby indemnify and hold harmless SCOUTS South Africa against all or any claims which may be made against SCOUTS South Africa or its employees, agents, officers, contractors, affiliates or any other person by any person for any damage of whatever kind arising from the death of any person or any injury to such person whilst such person is or on any premises of SCOUTS South Africa or participating in any activity organised by or conducted under the auspices of SCOUTS South Africa.
3. I confirm that I have read, am familiar with and understand the contents of the Safe Scouting Policy.

Signed at _____ on this _____ day of _____ 20____

Signature of Applicant:

Date

Signature of Witness 1:

Date

Signature of Witness 2:

Date

FOR OFFICE USE

CHILD PROTECTION DATABASE CHECK:

Applicants details from Scouts Digital and ID Book submitted for vetting against the Child Protection Database by:

Name: Signature:

Date: DDMMYYYY

Response received from Child Protection Database: No record on database Record found on database

Date response received: DDMMYYYY

Name:

Date: DDMMYYYY Signature:

WARRANTS COMMITTEE:

Application considered at the Warrants Committee Meeting on: DDMMYYYY

Confidential References:

Name: Date returned: DDMMYYYY

Name: Date returned: DDMMYYYY

Confidential references satisfactory: Yes No

Applicant has declared criminal record and referred to RC for decision: Yes No

Police clearance check required: Yes No

Police Clearance Certificate requested from Applicant or Group/Region by:

Name:

Date: DDMMYYYY Signature:

Police Clearance check response received on: DDMMYYYY

Name:

Date: DDMMYYYY Signature:

Result of Police Clearance Check: Record on database Yes No

Result of Police Clearance certificate sent to National Office: Yes No

Only if Applicant has a criminal record, is the application with details of the criminal record sent to the Regional Commissioner by the Chair of the Warrants Committee. Otherwise skip this step.

Date submitted: DDMMYYYY

Decision by Regional Commissioner on Application for Adult membership: Accepted: Rejected:

Reasons for rejection, if applicable:

Regional Commissioner:

Name:

Date: DDMMYYYY Signature:

Warrants Committee Decision on Application for Adult membership: Accepted: Rejected:

Reasons for rejection, if applicable:

Warrants Committee Chair:

Name:

Date: DDMMYYYY Signature:

Applicant advised by:

Name:

Date: DDMMYYYY Signature:

SCOUTS.DIGITAL:

Applicant entered onto Scouts.Digital by:

Name:

Date: DDMMYYYY Signature:

SSA ID number allocated by SD: S S A

MASTER CHECK LIST:

| Document | Date | Checked | Document | Date | Checked |
|---|------|---------|---|------|---------|
| AAM Form completed | | | Reference checks completed | | |
| Copy of ID book received | | | Approved by Warrants Committee | | |
| Confidential References received | | | Police Clearance received (if applicable) | | |
| Application Uploaded to SD & copy of ID | | | Child Protection Database clearance | | |
| Applicant recorded as "Recruit" on SD | | | Recruit updated to "Member" in SD | | |